L12000033794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR

AUG 30 2012

EXAMINER

300238189713

08/09/12--01015--004 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 28 AM 11:15

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 28 AM 11:15

August 10, 2012

RYAN M. ROBERTS
CONCH POOLS LLC
1212 14TH STREET, LOT 9
KEY WEST, FL 33040

SUBJECT: CONCH POOLS LLC
Ref. Number: L12000033794

We have received your document for CONCH POOLS LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new name you want to use -- COASTAL POOLS LLC -- is not available because it is too similar to the name of an existing entity -- COASTAL POOLS, LLC -- Doc. Number L03000004092.

Please choose another new name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 412A00020746

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Conch Pools LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 28 AM 11:15

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan Roberts
Name of Person

Conch Pools LLC
Firm/Company

1213 14 St Lot #9
Address

Key West FL 33040
City/State and Zip Code

RMROBERTS10184@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Roberts at (727) 239-9973
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee

☑ $30.00 Filing Fee & Certificate of Status

☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 28 AM 11:15

Conch Pools LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on ~~L12000033794~~ 03/09/12 and assigned Florida document number L12000033794.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ROBERTS ELITE POOLS LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Ryan M Roberts	1213 14th St Lot #9 Key West FL 33040	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

① Correcting title from mgr to MGRM
② Also Add my EIN: 90-0803991

Dated August 22, 2012.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: $25.00