

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

((H200002844113)))

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H200002844113)))



H200002844113ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email

Address: info@activatemylicense.com

**LLC AMND/RESTATE/CORRECTOR M/MG RESIGN
WEST BAY CUSTOM POOLS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Y SULKER
AUG 20 2020
Help

COVER LETTER

TO: Registration Section
Division of Corporations

(((1120000284411 3)))

SUBJECT: WEST BAY CUSTOM POOLS LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ANDREA SPAS

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

City/State and Zip Code

info@activatemyllicense.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA SPAS

Name of Person

813

Area Code

932-5244

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 32314Street Address:Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 AUG 19 PM 1:10

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((1120000284411 3)))

WEST BAY CUSTOM 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 7/20/2020 and assigned
Florida document number L20000211262

This amendment is submitted to amend the following:

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

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

Enter new principal office 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)

14391 Spring Hill Dr, Springhill
Florida, 34609 PO Box 434

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:

14391 Springhill Dr Springhill FL 34609 Box 434
Enter Florida street address
Springhill Florida 34609
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 605, 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

or removed from our records:

((1120000284411 3)))

MGR = Manager

AMBR = Authorized Member

Title

Name

Address

Type of Action

MGR

SCOTT THOMAS

Address
5201 Higate Rd.

Springhill FL 34609

■ **Ads**

☐ Remove

Change

☐ Add☐ Remove☐ Change

2000

☐ Remove☐ Change

കുടുംബം

☐ Remove

Change

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

(((11200002844113)))

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

Changing Address of business and
adding Scott Thomas 10% owner of company

E. Effective date, if other than the date of filing: 8/17/20 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 (3)(b))

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

8/17/20 6:38 PM.

Signature of a member or authorized representative of a member

Nichols Olive

Typed or printed name of signer

Filing Fee: \$25.00