

119000237674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

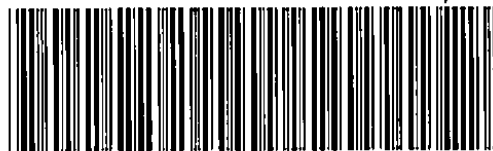
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OCT 11 2019

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Palm Aire Pool Service, 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:

Christopher B. Feeley

Name of Person

Firm/Company

6805 33RD STREET EAST #3

Address

SARASOTA, FL 34243

City/State and Zip Code

chris@universitypoolservice.com

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

For further information concerning this matter, please call:

Christopher B. Feeley

941

356-1246

at (_____) _____

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**

Palm Aire Pool Service, 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 9/19/2019 and a
Florida document number L19000237674.

This amendment is submitted to amend the following:

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

University Pool Service, LLC

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

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
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Christopher B. Feeley

New Registered Office Address:

6805 33rd St. East #3

Enter Florida street address

Sarasota

City

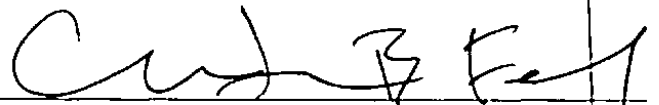
Florida

34243

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	Christopher B. Feeley	6805 33RD STREET EAST #3	<input type="checkbox"/> A
		SARASOTA, FL 34243	<input type="checkbox"/> R
			<input checked="" type="checkbox"/> Cl
MGR	William L. Feeley	6805 33RD STREET EAST #3	<input type="checkbox"/> Ad
		SARASOTA, FL 34243	<input type="checkbox"/> Re
			<input checked="" type="checkbox"/> Ch
AMBR	J. Nelson Flint	263 13TH AVE S. STE 369	<input type="checkbox"/> Ad
		ST. PETERSBURG, FL 33701	<input type="checkbox"/> Ren
			<input checked="" type="checkbox"/> Char
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remc
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remov
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remov
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(b) The 90th day after the record is filed.

Curry B. Fackey
Signature of a member or authorized representative of a member

Typed or printed name of signee