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TALLAHASSEE, FLORIDA

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AND
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D. BRUCE
NOV 19 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premier Pool And Spa Company 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:

KEVIN FINNEGAN
Name of Person
Premier Pool And Spa Co. LLC
Firm/Company
369 EAST DR
Address
MELBOURNE FL. 32904
City/State and Zip Code
K P FINNEGAN@EARTHLINK.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN FINNEGAN at 321, 432-7388
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Premier Pool And SPA Company 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 MARCH 13 2002 and assigned Florida document number L02000005911.

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 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)

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TALLAHASSEE, FLORIDA

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:

KEVIN FINNEGAN

New Registered Office Address:

369 EAST DR

Enter Florida street address

MELBOURNE

City

Florida

32904

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.

Kevin Finnegan
If Changing Registered Agent, Signature of New Registered Agent

KEVIN FINNEGAN

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KEVIN FINNEGAN	369 EAST DR	<input checked="" type="checkbox"/> Add
		MELBOURNE FL 32904	<input type="checkbox"/> Remove
MGR	HOLLI HENDERSON	FOURLAKE'S 4217 FOURLAKE'S DR	<input checked="" type="checkbox"/> Add
		MELBOURNE FL 32940	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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SECRETARY OF
TALLAHASSEE FL
HSDA

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

Dated November 13, 2012.

Alexis Henderson

Signature of a member or authorized representative of a member

ALEXIS HENDERSON

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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