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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON NOV - 9 2010

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:13	EACH CRUISERS LC.	
	Name of Limited Liability Company	
· -		
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	ROBERT SPENCE GARO Name of Person	
	BRACH CRUISRAS LC.	
	Firm/Company	
	1702 N. PALMWAY	
	Address	
	L W FL 33460 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
SPENCE Name of	Person at (S61) 596-2134 Area Code & Daytime Telephone Number	
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

10 NOV -8 PM 1:40

BEACH CRUIS	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records. ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 2 - 12 - 200 + and assigned
Florida document number <u>LO200032807</u> .	N.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
PALMWAY POOLS LLC	· · · · · ·
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- APIN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-5AM
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	4
New Registered Office Address:	Enter Florida street address
<u> </u>	, 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 Manage or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** ∏Add Remove ☐ Add Remove ☐ Add □ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated_ Signature of a member or authorized representative of a member R. SPENCE GARO
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00