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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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EXAMINER

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COVER LETTER

TO: Registration Division of C					
SUBJECT: ABSOL	UTE POOLS LLC (Name of Lim	ited Liability Company)	· · · · · ·		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	George Sangillo				
		(Name of Person)			
		(Firm/Company)		-	
	4280 Lavallet Circle	(Address)		SECH	7990 n
	Pensacola, Fi 32504	. •		ETAR) HASSI	
F. 6.4		(City/State and Zip Code)		E 60 3	i u
	concerning this matter, please c			STATE LORIDA	i }
George Sangillo (Name of Person)		at (<u>850</u>) <u>572-3094</u> (Area Code & Daytime 1	elephone Numb	per)	
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)	Certifie	ate of Status	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABSOLUTE POOLS LLC (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	0		
The Articles of Organization for this Limited Liability Company Florida document number <u>I 03000022831</u> .		and assigned		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	lity company here:	2008 (
The new name must be distinguishable and end with the words "Limit"L.L.C."	ed Liability Company," the designation "	ARE CT abbreviation		
Enter new principal offices address, if applicable:		For the Control of th		
(Principal office address MUST BE A STREET ADDRESS)		AT C		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	161 GOLDSRY RD #F9 SANTA ROSA BEACH FL 324	59 B		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
-	(Enter Florida street ad	street address)		
	, Florida	<u>,</u>		
	(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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			T Damesta
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	<u>.</u>		Remove T
			F STATE ORIDA
		·	Remove
D. If ame	nding any other information, e	enter change(s) here: (Attach additional sheets,	if necessary.)
_		<u> </u>	
-			
Dated	10-26	<u>, 2008</u> .	
	Je Mignature	of a member or authorized representative of a memb	er
	GEORGE T	SANGTUO Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00