

L05000049543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

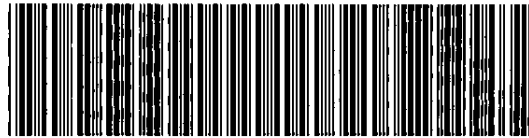
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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09/27/10--01011--017 \*\*60.00

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10 SEP 27 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 28 2010

EXAMINER

Hello,

Please update our records to reflect the name change of the company. We can be reached at:

Ron & Cristina Miller

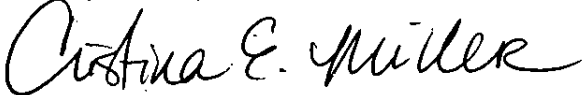
231 Murray Court

Jupiter, FL 33458

Contact Telephone # is (561) 308-3262.

Thank you in advance and please let us know if you need any further required documentation.

Very sincerely,



Ron and Cristina Miller

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10 SEP 27 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Abacoa Pool Services 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:

**Ronald Miller**

Name of Person

**Abacoa Pool Services LLC**

Firm/Company

**231 Murray Court**

Address

**Jupiter, FL 33458**

City/State and Zip Code

**abacopoolman@hotmail.com**

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

For further information concerning this matter, please call:

**Ronald Miller**

Name of Person

at ( **561** )

**308-3262**

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

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10 SEP 27 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**Abacoa Pool Services LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
10 SEP 27 PM 2:35  
TALLAHASSEE, FLORIDA  
and assigned

The Articles of Organization for this Limited Liability Company were filed on 11/02/2006

Florida document number L05000049543

This amendment is submitted to amend the following:

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

**Abaco Pool Services LLC**

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)**

**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:**

*Enter Florida street address*

\_\_\_\_\_, **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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated September 20, 2010.

FILED  
 10 SEP 27 PM 2:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Signature of a member or authorized representative of a member

Ron Miller

Typed or printed name of signee