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S TALLENT JUN 2 6 2019 SECRETARY OF STATE

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COVER LETTER

	gistration Sec rision of Corp			
SUBJECT:		ST POOL SCREENS LLC		
30 D31,C1.		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please returi	all correspo	ndence concerning this matter	to the following:	
		CORY L CIEHANOSKI		
		EAST COAST POOL SCRI	Name of Person EENS LLC	
		1756 PALM RD	Firm/Company	
		ORMOND BEACH, FL 321	Address	
		CLCIEHANOSKI@GMAIL.C	City/State and Zip Code	
			to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please co	ail:	
CORY CIE	HANOSKI		386 931-8222 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.001	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

EAST COAST POOL SCREENS LLC

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

(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	, 10/07/2005	
The Articles of Organization for this Limited Liability Compa	ny were filed on _	10/0/12003	and assigned
Florida document number L05000098785			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the	designation "LLC" or	
Enter new principal offices address, if applicable:			2019 J
(Principal office address MUST BE A STREET ADDRESS)		-	<u> </u>
			SO P
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			: 29 FNE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:			The the mane of the new
New Registered Office Address:			
	Enter F	lorida street address	
		, Floric	iaZip Code
V Parisecular Assemble City and a first transfer of the city o	•		Zip Code
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance o is provided for in	of my duties, and I Chapter 605, F.S	am familiar with and C.Or, if this document is
īrc	hanging Registered	Agent, Signature of N	ew Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LUKE T. BRYAN	21910 ROLLINGWOOD TR	
		CHOTIC SI 22720	
		EUSTIS, FL 32736	■ Remove
			Change
MGRM	DANIEL M. GREEN	3345 OLD KINGS RD LOT 440	
		FLAGLER BEACH, FL 32136	Add
		. 2.1022.1.02.1.01,1.2.02.100	☐ Remove
			Change
			L Add
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		JUNE 6, 2019	1			
ective date, if other than the effective date is listed, the date mee: If the date inserted in this ument's effective date on the	olock does not med	et the applicab	date of filing or r de statutory filir	oore than 90 days ag requirements,	ptional) ther filing.) Pursuar this date will not	nt to 605,020 be listed a
record specifies a delay he 90th day after the re		te, but not	an effective	time, at 12:0	1 a.m. on the	earlier o
JUNE 6	,	2019	_ ·			
ρ	NI	·/	261			
_Conff	Signature of a me	mber or authori	and representative	of a member		

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Filing Fee: \$25.00