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| Certified Copies Certificates of Status | | |
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Special Instructions to Filing Officer:

L. SELLERS

AUG 1 4 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|--|---|---|--|
| SUBJECT: | GOUTHOOK GR | 2040 LLC | | |
| SUBJECT. | SOUTH CON GRE Name of Limite | d Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are subm | nitted for filing. | | |
| Please return all corresp | ondence concerning this matter to | o the following: | | |
| | Scott | GOODE | | |
| | | Name of Person | | |
| | SUPEZIOR | Firm/Company | · A- | |
| | 4312 ROO | SEVELT STIZEET | - | |
| | Houghor | Address - FLORGA 33 City/State and Zip Code | 1200 | |
| | SGOOPIE 2- E-mail address: (to | be used for future annual report notifical | tion) | |
| For further information | concerning this matter, please cal | ł: | | |
| Scott Name of | GOO ENE of Person | at (954) 963 - 3 Area Code & Daytime T | 3679 Celephone Number | |
| Enclosed is a check for t | he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | 4 CON GIZOUP LLC |
|--|---|
| (<u>Name of the Limited L</u> (A F | lability Company as it now appears on our records. Iorida Limited Liability Company) |
| The Articles of Organization for this Limited Lia | bility Company were filed on July 13, 2006 and assigned |
| This amendment is submitted to amend the follow | ving: |
| A. If amending name, enter the new name of t | the limited liability company here: |
| SUPERIOR POOLS | of FLORIDA LLC the words "Limited Liability Company," the designation "LLC" or the abbreviation |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applica | ble: |
| (Principal office address MUST BE A STREET | ADDRESS) |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE B | OX) |
| | |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | r registered office address on our records, enter the name of the new |
| Name of New Registered Agent: | ECRE A |
| New Registered Office Address: | ARY ARY |
| | Enter Florida street address: |
| | , Florida SA S |
| | City ♀Æip ♠de |

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, 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> **Type of Action** 4183 SUBTTERRACE PATRICIA ROBERTS Add Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove $\prod Add$ Remove \prod Add Remove **D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00