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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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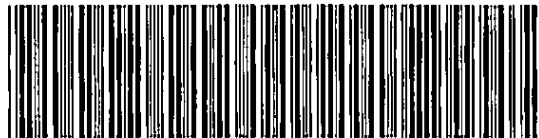
(Business Entity Name)

(Document Number)

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2017 DEC 11 AM 9:07
17 DEC 11 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROSERVE POOLS, 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:

THOMAS D. WRIGHT, ESQUIRE

Name of Person
WRIGHT & CASEY, P.A.

Firm/Company
340 NORTH CAUSEWAY

Address
NEW SMYRNA BEACH, FL 32169

City/State and Zip Code
SHAWN.LANE@PROSERVEPOOLS.COM

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

For further information concerning this matter, please call:

THOMAS D. WRIGHT 386 428-3311

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PROSERVE POOLS, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on MAY 7, 2007 and assigned
Florida document number L07000048488.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

2411 GLENMORE COURT

(Principal office address MUST BE A STREET ADDRESS)

NEW SMYRNA BEACH, FL 32168

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:

SHAWN A. LANE

New Registered Office Address:

2411 GLENMORE COURT

Enter Florida street address

NEW SMYRNA BEACH

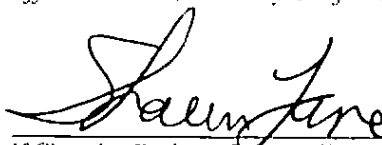
Florida 32168

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 605, 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SHAWN A. LANE	2411 GLENMORE COURT	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH, FL	<input type="checkbox"/> Remove
		32168	<input type="checkbox"/> Change
AMBR	WENDY S. LANE	2411 GLENMORE COURT	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH, FL	<input type="checkbox"/> Remove
		32168	<input type="checkbox"/> Change
MGRM	THOMAS K., BUDD	947 CRYSTAL LAKE DRIVE	<input type="checkbox"/> Add
		PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SHUKLAJIJI
TALLAHASEE FL 32909

17 DEC 11 PM 11:29

E. Effective date, if other than the date of filing: OCTOBER 30, 2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 10 2017

Sham Suro

Signature of a member or authorized representative of a member

X Not used

SHAWN A. LANE, Authorized Member

THOMAS K. BUDD, Resigning Registered Agent

Typed or printed name of signee