(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Office Use Only



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A. LUNT JUN 1 7 2009 **EXAMINER**

COVER LETTER

	tration Section			
SUBJECT: _	Lightning	Pool Supply LLC		
	Name of Lim	nited Liability Company		
The enclosed	articles of Amendment and fee(s) are su	abmitted for filing.		
Please return a	Il correspondence concerning this matte	er to the following:		
		George Payson		_
		»: ·		
Lightning Pool Supply LLC Firm/Company				TAE ZOOS
1800 Salem Court				FIL 2009 JUN 15 SECRETAR TALLAHASS
Address				~~~
		Dunedin, FL 34698		JUN 15 AM 8: 54 AHASSEE FLORID
		City/State and Zip Code		25 55 25 55
	ligh E-mail address:	ntningpools@verizon.net (to be used for future annual report notif	fication)	DM. P
For further inf	ormation concerning this matter, please	·	,	
	Jackie Payson	at (727_)	587-1261	
	Name of Person	Area Code & Daytim	ic Telephone Numbe	er
Enclosed is a	heck for the following amount:			
\$25.00 Fili	ng Fee \$\sqrt{\$30.00}\$ Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certifie	ate of Status &

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

(<u>Name of the Limited</u> ()	ightning Poo I Liability Compa A Florida Limited I	I Supply LLC ny as it now appears on c Liability Company)	our records.)			
The Articles of Organization for this Limited L Florida document number L0700006		were filed onJu	ne 8, 2007	and assigned		
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	f the limited liab	ility company here:				
The new name must be distinguishable and end wi"L.L.C."	ith the words "Lim	ited Liability Company," t	he designation "			
Enter new principal offices address, if applic	cable:	1800 Salem Cour	<u>;</u>	T SEE SEE		
(Principal office address MUST BE A STREE		Dunedin, FL 3469				
				SECTION AND INC. P.		
Enter new mailing address, if applicable:		1800 Salem Court		55 8 U		
(Mailing address MAY BE A POST OFFICE BOX)		Dunedin, FL 3469	· 8			
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter	the name of the nev		
Name of New Registered Agent:			***********			
New Registered Office Address:	1800 Salem Court					
		Enter Florida street address				
		Dunedin	, Florida	34698		
		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, 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>	Address	Type of Action					
MGRM	Joy Gendusa	414 Magnolia Ave Clearwater, FL 33756	✓ Add ☐ Remove					
<u>MGRM</u>	Sarah Payson	202 Windward Passage Clearwater, FL 33767	☑ Add ☐ Remove					
	·		☐ Add ☐ Remove					
		ALE AND ALE AN	dd Till remova					
		PEE FLORID	Add O					
		> .	☐Add ☐Remove					
D. If amend	ling any other information	, enter change(s) here: (Attach additional sheets, if necessary.)						
_								
Dated	June 10	9 (Mexistre						
	Signatu	ne of a member or authorized representative of a member						
	-	George Payson Typed or printed name of signee						
		Typed of printed name of signee						

Page 2 of 2

Filing Fee: \$25.00