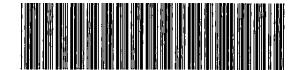
(Re	equestor's Name)			
	•			
(Ac	ddress)			
V				
•	•			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone #	9		
•				
	<u> </u>	—		
PICK-UP	☐ WAIT	MAIL		
	•			
(Ru	siness Entity Name	1		
(00	isiness Littly Ivaille)		
(Do	ocument Number)			
Certified Copies	_ Certificates o	f Status		
Special Instructions to	Filing Officer:			
		1		
		J		
		Ì		
		ì		

Office Use Only



800115261108

01/18/08--01033--005 **60.00

G. MCLEOD

JAN 22 2008

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT: BILLY	S POOL PIPPING, LLC		
	(Name of Lin	nited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
	William Cioffi		
		(Name of Person)	
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
	1456 Griflet RD	(Address)	
	Jacksonville,FL 322	·	
	Jacksonvine, L J22	(City/State and Zip Code)	
For further information	concerning this matter, please of	all:	
William Cioffi	e of Person)	at (904) 514-2217 (Area Code & Daytime	Telephane Number)
(1741)	COLLEGON	(ruca code de Dayunie	retephone Numbery
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

ARTICLES OF AMENDMENT SECRETAR OF THE TOTAL TO TO ARTICLES OF ORGANIZATION 08 JAN 18 AM 10: 19 OF

BILLY'S POOL PIPPING, LLC	C	
(Name of the Limited L (A F	iability Company as it now appears on lorida Limited Liability Company)	our records.
(-1	,	
The Articles of Organization for this Limited Liab	oility Company were filed on Billy's	pool pipping and assigned
Florida document number <u>L07000071438</u>		
This amendment is submitted to amend the follow	ring:	
. If amounting name and a the name and at	ha Nimita d Rabilita aammana bana	
A. If amending name, enter the new name of the	ne timited habiity company nere:	
B and C pool piping L.L.C		
The new name must be distinguishable and end with t L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
L.L.C.		
D. 16	1 '0"	
 If amending the registered agent and/or registered agent and/or the new registered office 		records, enter the name of the new
Name of New Registered Agent:		
N. P. '. LOST ALL		
New Registered Office Address:	(Entar	Florida street address)
	(Enter 1	i wi kuu sii eet uuur essj
	<u> </u>	, 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 = 1	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Christopher B Strickland	6742 Pottsburg creek trail Jacksonville,FL US 32216	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
 			Add Remove
			AddRemove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)

Dated Janu	eary 15 , 2008	8	
	Signature of a member	er or authorized representative of a member	 -
	William Cioffi		
	Type	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00