L07000081853

(Requestor's Name)		
(Address)	100116201751	
(Address)	100110201701	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	,	
(Document Number)	. 02/04/0801038013 ** 25.00	
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

L. SELLERS

FEB - 5 2008

EXAMINER

Office Use Only

SECRETARY OF STAT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PARADISE Pool Sewice and Supplies the (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:
Kevin Lee (Name of Person)
(Firm/Company)
(Address)
KISSIMMER FL 34758 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407, 557, 674) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & S60.00 Filing Fee, 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

PARAdise Pool	- Service and	Supplies UC on our records.)
(Name of the Limited Lia (A Flo	ability Company as it now appears or orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on	. .
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the PARADISE POOL STHE The new name must be distinguishable and end with the "L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered office	SURULE AND S words "Limited Liability Company, registered office address on our	," the designation "LLC" or the abbreviation
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter	r Florida street address)
_	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	er and complete performance of ed agent as provided for in Chap stered office address, I hereby co	my duties, and I am familiar with and oter 608, F.S. Or, if this document is
		S, ≥

Page 1 of 2

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> Name <u>Address</u> Type of Action ☐ Add Remove Add ☐ Remove Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member J/N LEE
Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00