## #107000090828

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

K.SALY EXAMINER MAY -8 2013

## **COVER LETTER**

TO: Registration Sec Division of Corp			
192 E	xpress LLC		
SUBJECT:	<del></del>	ed Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Ron W Gline	!S	
		Name of Person	
		Firm/Company	
	14900 E Ora	inge Lake Blvd #4	10
	*	Address	<del></del>
	Kissimmee F	L 34747	
		City/State and Zip Code	
	RonWGlines@gm		
	E-mail address: (to	o be used for future annual report notificati	on)
For further information co	ncerning this matter, please ca	all:	
Ron Glines		407 <b>729.514</b>	5
Name of	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	e 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)

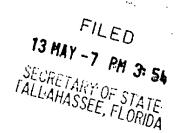
MAILING ADDRESS:

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



192 Express 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 C	Company were filed on Sep 0	5, 2007 and assigned
Florida document number L0700090828	<b>_</b> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
PoolSiders LLC		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	- <del></del>	
(Principal office address MUST BE A STREET ADDR	RESS)	
	<del></del>	···
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter I	lorida street address
		, 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 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 Title Type of Action <u>Name</u> **Address** Remove

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	· · · · · · · · · · · · · · · · · · ·
ared Ma	ay 03, 2013
vated	An W Clines
	Signature of a member or authorized representative of a member
	Ron W Glines
	Typed or printed name of signee

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Filing Fee: \$25.00