

Division of Corporations

Page 1 of 1

L0700000423

Florida Department of State
Division of Corporations
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Division of Corporations
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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OCTOPOOLS OF PALM BEACH, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

A. LUNT
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EXAMINER

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(H0900001594763)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OCTOPOOLS OF PALM BEACH, 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:

VICTOR GOMEZ

Name of Person

Firm/Company

12179 59TH STREET NORTH

Address

WEST PALM BEACH, 33411

City/State and Zip Code

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

For further information concerning this matter, please call:

VICTOR GOMEZ

Name of Person

at (561)

214-5245

Area Code & Daytime Telephone Number

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OCTOPOOLS OF PALM BEACH, 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 10/02/07 and assigned
Florida document number L07000100423

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 end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1396 WATERWAY COVE DR
WELLINGTON, FL 33414-5724

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1396 WATERWAY COVE DR
WELLINGTON, FL 33414-5724

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:

ALFONSO GOMEZ

New Registered Office Address:

1396 WATERWAY COVE DR

Enter Florida street address

WELLINGTON

Florida FL 33414-5724

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.

X ALFONSO GOMEZ
If Changing Registered Agent, Signature of New Registered Agent

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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 | Name | Address | Type of Action |
|-------|---------------|--|--|
| MGR | VICTOR GOMEZ | 12179 59TH STREET NORTH WEST PALM BEACH, 33411 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | ALFONSO GOMEZ | 1396 WATERWAY COVE DR WELLINGTON, FL 33414-5724 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JULY 6, 2009

Signature of a member or authorized representative of a member

VICTOR GOMEZ

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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