L070003903

•		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Prione #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
A. LUNT		
JAN - 3 2010		
EXAMINER		

300189051553

12/30/10--01020--023 **25.00

2010 DEC 30 PH 2: 21

Office Use Only

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Swimming Po	ool Contractors L nited Liability Company	<u>LC</u>
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
6 Wimming PO BOX	Schroeder Name of Person Pool Contractor Firm/Company 460609 Address FL 33346	30 PH 2: 24
	to be used for future annual report notifica	
Ed Schroeder Name of Person		6886 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(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 October 12 Zoo and assigned The Florida document number 4-07000 103903
Florida document number <u>Lo7000103903</u> .
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 "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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: Edward T. Schroeder
New Registered Office Address: 4747 Nob Hill Road Suite 13 Enter Florida street address
Name of New Registered Agent: New Registered Office Address: Column
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. Horeby 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 = Managing Member Title : Name **Address Type of Action** Edward T. Schroeder 4747 Nob Hill Road WAdd

Suite 13 Remove

Sunrise, FL 33351 ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 27, 2010. Out 3 38 Signature of a member or authorized representative of a member DALTER B. BARRETT

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00