# 108000013273

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D. BRUCE
JAN 3 0 2009
EXAMINER

TO: Registration Section Division of Corpo			
SUBJECT: CITAG	2 REFIECTION (Name of Lim	S Pool Service (	LLC
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	SE	AN FORTENER (Name of Person)	
,		(Name of Person)	<del></del>
		10	
•	 	(Firm/Company)	
	1272	SOARING FlanT	WAY
		(Address)	<del></del>
	JACKSON	(Address)  UNITED TA 3222  (City/State and Zip Code)	SECT SECTION
		(City/State and Zip Code)	HAS
For further information con	cerning this matter, please co		
SEAN FO	RTENER	at (964) 564 ~ (Area Code & Daytime 1	6492 RR I
(Name of I	'erson)	(Area Code & Daytime 1	elephone 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)	□\$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

CLEAR REFIECTIONS Pool Service LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limite	ed Liability Company)
The Articles of Organization for this Limited Liability Comparing April 1980 132.73.	any were filed on $2-6-2\infty8$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
FANTASY DEPOT. COM	LLC
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1272 SOARING FLIGHT WAY
(Principal office address MUST BE A STREET ADDRESS)	1272 SOARING FIGHT WAY JACKSONVILLE FL 32225
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1272 SOARING FLIGHT WAY JACKSONVILLE FL 32725
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:  New Registered Office Address:	(Enter Florida street addless), Florida
	(City) (Zip Code)
New Degistered Agent's Signature if changing Degistered Age	ndi

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		
<u> Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			<u>=</u> _
			<b>=</b> n
		Product And No. 1999 Longery of Our records 92.02 Try 18	Add Remove
			Add Remove
<u> </u>	<del></del>		
D. If amer	nding any other information, ente	r change(s) here: (Attach additional sheet	s, if necessary.)
_			SE O
			CLAHA
<del>.</del>		•	W 29 ASSEE
_		Section 19	ESS E
 Dated	JANUARY 26	2009.	TE 18
Jaieu	Jan y 20 ,		
		member or authorized representative of a men	nber
	<u>S</u>	Typed or printed name of signee	<del></del>
		1) ped of printed fullie of signee	

Page 2 of 2

Filing Fee: \$25.00