L08000040492

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TALL SHASSEE FLUSIUS

T. CLINE

FEB - 1 2010

EXAMINER

COVER LETTER

·Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

· Division of Co	rporations				
SUBJECT:	Perfect Reflecti	ons Pool Service, LLC	·		
		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
Name of Person Perfect Reflections Pool Service, LLC					
					
	 				
		Address			
	Tequesta, FL 33469 City/State and Zip Code				
	E-mail address: (curcio@bellsouth.net to be used for future annual report notificati	CUTCIOF DE 11500 Hinner		
For further information of	concerning this matter, please of	eall:	18.29 18.29		
	ario Curcio Jr.		1-5150		
Name o	of Person	Area Code & Daytime Te	lephone Number 55 5		
Enclosed is a check for t	the following amount:		· · · · · · · · · · · · · · · · · · ·		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAIL	JNG ADDRESS:	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

Perfect Reflections	Pool Service, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company))		
The Articles of Organization for this Limited Liability Company were filed on			gned	
Florida document numberL08000040492				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designation	on "LLC" or the ab	breviation	
Enter new principal offices address, if applicable:	10981 SE Harken Terrace			
(Principal office address MUST BE A STREET ADDRESS)	Tequesta, FL 33469	/ 		
	**	260 123	 	
Enter new mailing address, if applicable:	10981 SE Harken Terrace		Sanger and a	
(Mailing address MAY BE A POST OFFICE BOX)	Tequesta, FL 33469	<u> </u>		
		The second secon		
		92 132		
B. If amending the registered agent and/or registered of		er the name of	the nev	
registered agent and/or the new registered office address her	<u>:e:</u>			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida		 	
	City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

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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** Name 1 <u>Address</u> **Type of Action** MRG Paula Crumpler 2354 SE Washington St. _ Add Stuart, FL 34997 ✓ Remove □ Add Remove ☐ Add Remove Add Remove ∏Add □ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) January 25 2010 Dated_

Rosario Curcio Jr.
Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00