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SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ocean Blue Pool Service Name of Limited Liability Company	s LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Erca Mulder Name of Person	
Ocean Blue Pool	Supply& Suco
14636 E State Rd	70
Lakeund Ranch F City/State and Zip C	
Cruca Ocean blue, E-mail address: (to be used for future arti	DOLSEVUCES. COM
For further information concerning this matter, please call:	
Erra Mulder at (941) Name of Person Area Code	373 - 4389 Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee Certificate of Status Certified Copy (additional copy in	y Certificate of Status &
Registration Section Registration of Corporations Division of Corporations Division Of Corporations P.O. Box 6327 Cliffor Tallahassee, F1, 32314 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Ucean Blue Loo! Services UC.

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 17, 2008 and assigned Florida document number <u>LØ8 ØØ ØØ</u> 5973 Ø

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited	I liability company here:
NA	
The new name must be distinguishable and contain 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 ADDRES)	15) 14136 E State Rd 70 19 19 19 19 19 19 19 19 19 19 19 19 19 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	141086 E StateRd 70 Lakewood Ranch, FL 34202
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our records, <u>enter the name of the new</u> s here:
Name of New Registered Agent: New Registered Office Address:	<u>- </u>
<u></u>	Enter Florida street address

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

	uthorized Person(s om our records:) authorized to mana	ige, <u>enter the</u>	title, name, and address of each	person being added
MGR = Man AMBR = Auti	ager horized Member				
<u>Title</u>	<u>Name</u>		<u>Address</u>		Type of Action
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	-)	Sarasi	ta, FC 34242	B Remove
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1f amending an	sy other informa	tion, enter chai	nge(s) here: (Attac	h additione	ıl sheets, if ne	cessary.)		
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(If an effective date Note: If the dat	e inserted in this bl	it be specific and ca ock does not mee	nnot be prior to date of t the applicable statu		than 90 days aft			
document's erre	ctive date on the D	epartment of Stat	e s records.					
	ecifies a delayed by after the rec		e, but not an eff	ective tim	e, at 12:01	a.m. on the	earlier o	f:
)				
Dated \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	cember		1/1/					
		Signature of a top	mbly of hunborized repr	esentative of	a member			
		_M	rk L. M	Mul	der			
		Ту	ped or printed name of	signe				

Page 3 of 3

Filing Fee: \$25.00