

LO8000065538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

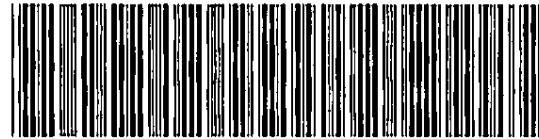
(Business Entity Name)

(Document Number)

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01/28/19--01009--022 \*\*25.00

FILED  
2019 JAN 28 PM 1:45  
STC/HR/SSA/1/0000

Amend

FEB 06 2019  
ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TROPICAL POOLS MAINTENANCE & SERVICE, 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:

Lori Wellbaum Emery

\_\_\_\_\_  
Name of Person

Wellbaum & Emery, P.A.

\_\_\_\_\_  
Firm/Company

686 N. Indiana Avenue

\_\_\_\_\_  
Address

Englewood, Florida 34223

\_\_\_\_\_  
City/State and Zip Code

eaarmenion@gmail.com

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

For further information concerning this matter, please call:

Edgarino A. Armenion

941 421-5092  
at ( )

\_\_\_\_\_  
Name of Person

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

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

TROPICAL POOLS MAINTENANCE & SERVICE, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2019 JAN 28 PM 1:45  
CLERK OF CIRCUIT COURT  
PORT CHARLOTTE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07-07-2008 and assigned  
Florida document number L08000065538.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2575 Lakeview Boulevard

**(Principal office address MUST BE A STREET ADDRESS)**

Port Charlotte, Florida 33948

**Enter new mailing address, if applicable:**

2575 Lakeview Boulevard

**(Mailing address MAY BE A POST OFFICE BOX)**

Port Charlotte, Florida 33948

**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:**

Edgarino A. Armenion

**New Registered Office Address:**

2575 Lakeview Boulevard

*Enter Florida street address*

Port Charlotte

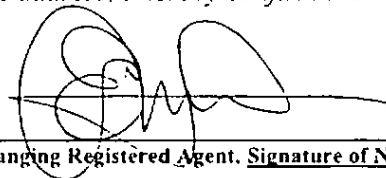
*City*

Florida 33948

*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 605, 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 Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRUCE P. CONN	114 Reef Place Rotonda West, Florida 33947	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDGARINO A. ARMENION	2575 Lakeview Boulevard Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 24, 2019

h p, e

Signature of a member or authorized representative of a member

BRUCE P. CONN

Typed or printed name of signee