## L08000071782

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SECRETARY OF STATE

H SAULSBERRY EXAMPLERUIT MAY 17 2011

## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJE	CT:	REP Poo	l Services LLC.			
502020 T			ted Liability Company			
		f Amendment and fee(s) are sub condence concerning this matter	-			
			Robert Pursley			
			Name of Person			
REP Pool Services LLC.						
			Firm/Company			
			8355 Miranda st		# <b>2</b>	
Address			SEC SEC	and the same		
				•	ART AN	ğ. 1
Navarre F1., 32566  City/State and Zip Code  repservices@bellsouth.net  E-mail address: (to be used for future annual report notification)			ASS ASS 16	F .		
				THOUSE CO		
		reps E-mail address: (t	services@bellsouth.net o be used for future annual report notificat	ion)	TARY OF STATE	
For furth	ner information	concerning this matter, please c			2011 HAY 16 PM 4: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
		obert Pursley	at ( )	8 4206		
	Name	of Person	Area Code & Daytime Te	elephone Number		
Enclose	d is a check for t	the following amount:				
<b>▼</b> ] \$25.6	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	)
		LING ADDRESS: tration Section	STREET/COURIER Registration Section	ADDRESS:		

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

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REP Pool Se					
(Name of the Limited Liability Compa (A Florida Limited	any as it now appear Liability Company)	s on our records.)			
`					
The Articles of Organization for this Limited Liability Company	were filed on	July 25, 2008	and ass	signed	
Florida document numberL08000071782					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company her	<u>e</u> :			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation	"LLC" or the	abbreviation	
L.L.C.					
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		TA's 2		
			LLAH.		
			HAT A	مستوری	
Enter new mailing address, if applicable:	P.O. Box 517	1	SSE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(Mailing address MAY BE A POST OFFICE BOX)	NAVARRE fL	., 32566	TOF .	K ()	
· · · · · · · · · · · · · · · · · · ·			STA T	e e	
			<u> </u>	3	
B. If amending the registered agent and/or registered of		ur records, <u>enter</u>	the name o	of the new	
registered agent and/or the new registered office address her	re:				
Name of New Registered Agent:			<del></del>		
New Registered Office Address:					
	Ent	er Florida street a	ddress		
		, Florida _	Florida		
	City		Zip Code	е	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of A	<u>ction</u>
MGRI	M Nathan R. Keener	6533 College dr. Miton Fl., 32570	✓ Add ☐ Remove	
			Add Remove	
<u></u>			Add Remove _	
	<del> </del>		Add Remove	
			_∏Add _∏Remove	
	·		Add Remove	
D. If a	mending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)		
	Peter E. Chaknis change % of or	wnership to 25%	2011   	
	Nathan R. Keener has 18% owner	er ship ( new MGRM added above)	2011 MAY 16	
	leaving Robert E. Pursley with 57	% ownership and still registered agent (owner)	PR 4	
	new contact phone # (850) 368-4	206 Robert Pursley	t 00	
Dated _	May 13,	2011 .		
	Blank	mber or authorized representative of a member		
	Constante of a me	Robert E. Pursley		
	T.	uned or printed name of signee	<del></del>	

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Filing Fee: \$25.00