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C. LEWIS

JAN 0 6 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Change Manager. (Name of Limited Liability Company)
(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:
ENNEITO Cegarra. (Name of Person)
(Name of Person)  Cryica Pool Marines LLC.  (Firm/Company)
<u>8877 νω 21 cT.</u> (Address)
Coral Springs Fl 33071 (City/State and Zip Code)
(City/State and Aip Code)
For further information concerning this matter, please call:
ErwssTo Cegarro at 954 325-5819 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

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Service Po (Name of the Limited Limit	Dol Marin	y LLC.	¥,	SECRETARY OF STATE
( <u>Name of the Limited Li</u> (A Fl	ability Company as it norida Limited Liability C	ow appears on ou company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number $\angle 08000003$	ility Company were file			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the Ply Vice Pool The new name must be distinguishable and end with the "L.L.C."	1 Main	2: 11 0	designation °	LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	N/A.		
(Principal office address MUST BE A STREET A	<del></del>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	N/A-		
B. If amending the registered agent and/or registered agent and/or the new registered offic	<u>e address here</u> :		_	
Name of New Registered Agent:	GAMMella	&/1/0s		
New Registered Office Address:	8877 NW	Police Flo	vrida street a	ddress) 33071 (Zip Code)
	O = 0		riau sireet a	un ess)
	Coral	ZYMNGS	_, Florida	(7in Code)
New Registered Agent's Signature, if changing Reg	(CIII)			(Zip Code)
ivew Registered Agent 3 Signature, it changing Reg	istered 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 Changing Registered Agent, Signature of New Registered Agent)

. 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 **Type of Action Title** Address Name 1 Catorilla Ello. ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008

Page 2 of 2

Filing Fee: \$25.00