L09000020310

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(But	siness Entity Name	e)
(Do	cument Number)	
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SECRETARY OF STATE
ALLAHASSEF, FLORIDA

B. BOSTICK

DEC 29 2010

EXAMINER

COVER LETTER

TO:	Registration Division of C		*	
SUBJI	*	Coastal Poo	l Care Service L.L.C	
3000	EC1:		ited Liability Company	_
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corres	pondence concerning this matte	r to the following:	
	Gunder Zimmermann Name of Person		_	
			Firm/Company	
			312 Windward Island	10 FALI
	•		Address	DEC 2
			Clearwater Fl. 33767 City/State and Zip Code	SEE.
		gui	nder@tampabay.rr.com	PH 2: 4 OF STATE OF LORID
For fur	ther information	E-mail address:	(to be used for future annual report notification)	2: 4 1 STATE -ORIDA
		der Zimmermann	at (727) 798-7095	1
	Name	of reison	Area Code & Daytime Telephone Num	ber
Enclose	ed is a check for	the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	•

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

COASTA	L POOL CA	RE SERVICE	L.L.C	<u></u>
(Name of the Limited (A	<u>Liability Compa</u> Florida Limited I	ny as it now appear Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia	were filed on	2/27/2009	and assigned	
Florida document numberL09000020	310			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here	:	
The new name must be distinguishable and end with "L.L.C."	n the words "Limi	ited Liability Compar	ny," the designation "	LLC" or the abbreviat
Enter new principal offices address, if applica	ible:	312 Windward	I Island	1
(Principal office address MUST BE A STREE	T ADDRESS)	Clearwater Fl.	33767	
Enter new mailing address, if applicable:		312 Windward	I Island	2011
(Mailing address MAY BE A POST OFFICE BOX)		Clearwater Fl.	<u></u>	が う
			ΙΟ̈́Α	i f
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address her	<u>e</u> :	ur records, <u>enter</u>	the name of the n
Name of New Registered Agent:	Gunder Zim			
New Registered Office Address:	New Registered Office Address: 312 Windward Island Enter Florida street address			
	(Clearwater		33767
,		City	, Florida	Zip Code
New Desistand Agent's Signature if shanging D	egistered Age-4	-		

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 688, 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, Sign

stered Agent

Page 1 of 2

If semending 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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Kurt Kell	7316 Barry Rd. Tampa,Fl. 33634	Add ✓ Remove		
MGRM_	Sarah Kell	7316 Barry Rd. Tampa Fl. 33634	Add Remove		
MGR	Gunder Zimmermann	312 Windward Island Clearwater, Fl. 33767	Add Remove		
<u>MGRM</u>	Ullrich Zimmermann	420 Hamden Dr. Clearwater, Fl. 33767	Add Remove		
	 		Add Remove		
			Add Remove		
D. If amend	ling any other information, enter cha	Ange(s) here: (Attach additional sheets, if necessary.)	FILED 10 DEC 27 PH 2: 4		
Dated	BUNDER ZINGRONA	aber or authorized representative of a member Why Well And or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00