L090000000353

(Re	equestors Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	me)
(D.		
(DC	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	A	. LUNT
	A	PR 20 2010
	EXA	AMINER

Office Use Only



500176318595

04/19/10--01060--026 **30.00

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	T: Caribbean Bay Pools, LCC Name of Limited Liability Company	
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.	
Please ret	turn all correspondence concerning this matter to the following:	
	Genae Randall Name of Person	
	Caribbean Bay Pools, UC 3	17
	Caribbean Bay Pools, UC Firm/Company P. O. Box (1309 Address Ocean Isle Beach NR 284 492 3	
		i de la partición de la constantina del constantina del constantina del constantina de la constantina del constantina
	Caribbean Day Pools Dyahoo. Com E-mail address: (to be used for luture annual report notification)	
For furthe	er information concerning this matter, please call:	
(Sence Randoll at (9/0) 805-3240 Name of Person Area Code & Daytime Telephone Number	
Enclosed	is a check for the following amount:	
\$25.00	Solution Fee Solution Status Solution Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	

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

<u>Caribbean</u> E	say rools, L			
(Name of the Limited Liability) (A Florida	ty Company as it now appears of Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Florida document number <u>Lo 9000 2034</u>		/02/2009 and assigned		
Tional document number ====================================				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,	"the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		1.4		
(Principal office address MUST BE A STREET ADD	RESS)	9		
		유 · · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:	- 100 - 100	7>		
(Mailing address MAY BE A POST OFFICE BOX)		, , , , , , , , , , , , , , , , , , ,		

B. If amending the registered agent and/or registered agent and/or the new registered office ade		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	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 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, <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 Action
n <u>GRIM</u>	Gary Rondoll	POBOX 6309 Ocean Isle Beach NC 28469	Add Remove
m <u>grm</u>	Gwen Randall	PuBox U309 Choon Isia Brown, NC 28469	Add Remove
M(SRM	Ernesto Vilchez		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	2010 APR
-			
Dated	- Jan	010.	<u></u>
	Signature of a memi	ber or authorized representative of a member	
	<u>Genae R</u>	Oricia // ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00