

LO9000077521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200161976082

10/23/09--01005--003 **25.00

FILED
2009 OCT 23 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 26 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AQUATIC DESIGN OF SW FLORIDA L.L.C.
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:

BRIAN D. DOTSON
Name of Person
AQUATIC DESIGN OF SW. FLORIDA L.L.C
Firm/Company
5342 CLARK RD. SUITE #122
Address
SARASOTA FL 34233-3227
City/State and Zip Code
aquaticdesigninc@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN DOTSON at 941, 724 - 0606
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

FILED
2009 OCT 23 PM 12:06
TALLAHASSEE, FL
SECRETARY OF STATE

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

AQUATIC DESIGN OF SW FLORIDA L.L.C
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8-12-2009 and assigned Florida document number L09000077521.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:



New Registered Office Address:

5342 CLARK RD SUITE #122

Enter Florida street address

SARASOTA

City

Florida 34233

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

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	BRIAN D. DOTSON	5342 CLARK RD SUITE 122	<input type="checkbox"/> Add
		SARASOTA, FL 34233	<input type="checkbox"/> Remove
			* ADDRESS CHANGE ONLY
MGRM	JENNIFER A. DOTSON	5342 CLARK RD SUITE 122	<input type="checkbox"/> Add
		SARASOTA, FL 34233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

* PLEASE UPDATE SO THAT ALL ADDRESSES
SHOW ON ATTACHED DOC REFLECT
THE NEW ADDRESS THAT WE ARE FILING
FOR

Dated 10-21 - 2009

Signature of a member or authorized representative of a member MGRM
BRIAN D. DOTSON MGRM.
Typed or printed name of signee