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COVER LETTER

TO: Registration Conformations Livinion of Corporations	
Affordable Lifestyle Pools, LLC 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:	•
H.C.Gloss, T. Name of Person	·
Firm/Company	
4090 Gaugin St.	
Pensacola, FL 32504 Coty/State and Zip Code	# FB
E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	MASTATE OF
Herbert Clinton Glass, Tr. at (850) 56-5161 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	

 \square \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO

ARTICLES OF ORCAPIZATION

Mint Gloss, Affordable	Lifestyle Pools, Lich Control Control Control	<i>)</i> .
The Articles of Organization for this Limited Liability C	Company were filed on 1-22-10	fan 4 a ksigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim Affordable The new name must be distinguishable and contain the words "Lim	Back, and Prole 1	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	•	- 1
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address or our records, ente	1 0 m
		2: 0 CAN
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 605, 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

HOR = M HADR = A	Innager authorized Member		
<u>Fitte</u>	Name	<u>Address</u>	Type of Action
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te: If the date inserted ument's effective date	d in this block doc e on the Departme	es not meet the a ent of State's re	applicable statute cords.	ory filling requirer	nents, this date v	vill not be listed
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record specifies a	a delayed effec	tive date, bu	it not an effe	ctive time, at	12:01 a.m. o	n the earlier
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Filing Fee: \$25.00