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(Requestor's Name)
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SUBJECT:	Viscount Pa	ool Pros LL ited Liability Company	C
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	Division of Corporations Order to the Condition of Corporations		
	1191	/ Hemna	
	Discol	unt fool Pros	110
		Address	
	Braden.	ton, FL 3420 City/State and Zip Code	9 9 C 2100
	E-mail address: (t	to be used for future annual report notificati	on)
For further information ec			
Name of	Kemna Person	at (<u>941)</u> <u>928 –</u> Area Code Daytime Tel	cphone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Viscount Pool	Pros LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L_10000012810</u>	were filed on $02/03/2010$ and assigned
This amendment is submitted to amend the following:	
A ROMANON DAY	AR POOL PROLLC
The new name must be distinguishable and contain the words "Limited Liabin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	GOIG 12th ave Bradinton, FL 34209
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	GO16 12th ave Bradenton, Fl 34209
registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
N. D. State J.A. 112 City April 15 should be Destinated April	City Zip Code
s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: Pool Pro LLC	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Remove
			□ Change
			□ Add
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			□ Change
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an effe ote:	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _.	01/30/2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00