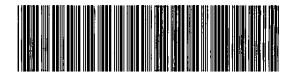
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TALLAHASSEE, FLORIO,

T. HAMPTON

OGT 1 4 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co		·	
SUBJECT:	My Poo	ol Repairs LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
		Craig W Redman	
		Name of Person	
		My Pool Repairs LLC	
	<u> </u>	Firm/Company	
	,	3124 Ibis Hill Street	
		Address	
	C	lermont Florida 34714	
	- ·• · ·	City/State and Zip Code	
	<u>myr</u> E-mail address: (1	poolrepairs@gmail.com to be used for future annual report notific	eation)
For further information	concerning this matter, please c		
Cra	aig W Redman	at (_352_)5	535-0349
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

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

FILED

2011 OCT 13 PM 12: 10

(<u>Name of the Limited L</u> (A F	My Pool Repairs LLC lability Company as it now appea lorida Limited Liability Company)	SEUNETARY OF STATE PROBLEM OF STATE SEUNETARY OF STATE FLORIDA	
The Articles of Organization for this Limited Liab Florida document number	pility Company were filed on	•	
This amendment is submitted to amend the follow	/ing:		
A. If amending name, <u>enter the new name of t</u>	he limited liability company he	<u>·e</u> :	
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida 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		
MGRM	Carie M Redman	3124 Ibis Hill Street Clermont, Florida 34714	_☑ Add _☐ Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amendin	ng any other information, enter change(s	here: (Attach additional sheets, if necessary)	FILED OT 13 PH 12: 11		
Dated	<i>ol</i> 1				
(Klodwan.					
	Signature of a member or	authorized representative of a member			
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00