

L10000096594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

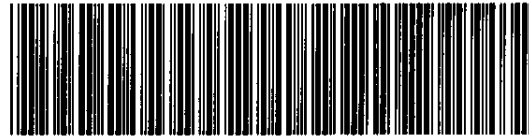
(Business Entity Name)

(Document Number)

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09/15/11--01012--012 \*\*60.00

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2011 SEP 15 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 16 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blue Marlin Pool Cleaning Service, 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:

Michael Robinson

Name of Person

Blue Marlin Pool Cleaning Service, LLC

Firm/Company

505 Beachland Blvd, Suite 1-248

Address

Vero Beach, FL 32963

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Robinson

Name of Person

at ( 772 )

501-1085

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 SEP 15 AM 11:16

**Blue Marlin Pool Cleaning Service, LLC**  
**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

SECRETARY OF STATE  
**TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 9/15/10 and assigned  
Florida document number L10000096594.

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)**

505 Beachland Boulevard

Suite 1-248

Vero Beach, FL 32963

**Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

505 Beachland Boulevard

Suite 1-248

Vero Beach, FL 32963

**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:

Michael Robinson

New Registered Office Address:

505 Beachland Boulevard, Suite 1-248

*Enter Florida street address*

Vero Beach

, Florida

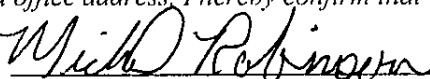
32963

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Robinson	505 Beachland Boulevard Suite 1-248 Vero Beach, FL 32963	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Jeffery S Thacker	7702 Holopaw Avenue Fort Pierce, FL 34951	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2011 SEP 15 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated September 12, 2011

*Michael Robinson*

Signature of a member or authorized representative of a member

MICHAEL ROBINSON

Typed or printed name of signee