*L10000128869

(Re	equestor's Name)	·
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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K. SALY EXAMINER jun 12 2014



June 5, 2014

VIA FEDERAL EXPRESS

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

RE: Blue Water Pools of Manatee, LLC

To Whom It May Concern,

Enclosed herewith, please find Articles of Amendment to Articles of Organization along with our Check No. 24598 in the amount of \$25.00 as payment for Filing Fees regarding the above mentioned LLC.

If you have any questions, please do not hesitate to contact me.

Very Truly Yours

Samantha Bo, Post-Close

For the Firm

Enclosures

COVER LETTER

10:	Division of Corpo			
SUBJE	Blue V	Water Pools o	f Manatee, L	LC
SUBJE	C1.		ted Liability Company	
The end	losed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please r	eturn all correspon	dence concerning this matter t	o the following:	
			Name of Person	
			Firm/Company	
		28254 GopHer	H, II ZD Address	
		V	Address	· · · · · ·
		Mynkla City St. Chelsen E-mail address: (1)	City/State and Zip Code	Cana
		E-mail address: (t	be used for future annual re	port notification)
For furt	her information co	ncerning this matter, please ca		
	C.m Calb Name of	Person	at (<u>941</u>) <u>73</u> Area Code	7-5837 Daytime Telephone Number
Enclose	ed is a check for the	following amount:		
9 \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED	
JON In	
ECONETATION OF STATE	ĉ

Zip Code

Blue Water Pools of Manatee, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	Ciability Company) 12/16/2010
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000128869</u> .	were filed on 12/16/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Jeff & Mike Services, LLC	•
The new name must be distinguishable and end with the words "Limited Liab	ility 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)	18254 GopHer H.11 20 My 4 Kln City FL 34251
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	28254 GopHer H.11 RD MYAKRA C.HJFL 34251
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		-	Remove
			Add
		·	Remove
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	date of filing: out be prior to date of receipt or filed date and cannot orida Department of State)	(optional) t be more than 90 days after
e date this document is filed by the Flo		(optional) t be more than 90 days after
	orida Department of State) , 2014	
date this document is filed by the Flo	orida Department of State)	

Page 3 of 3

Filing Fee: \$25.00