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Office Use Only

B. KOHR

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EXAMINER



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06/13/11--01053--007 **25.00

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COVER LETTER

TO:	Registration Sec Division of Corp	tion orations	• .	
SUBJE	ECT:	Diamond	Pool Care LLC	JANISE C
0000		Name of Limit	ted Liability Company	OWISION OF COMPONIE
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	3 PH
Please	return all correspon	dence concerning this matter	to the following:	7. 5.
	Kevin Cooper Name of Person			
		D:	amand Baal Care II C	
Diamond Pool Care LLC Firm/Company				
		13506 SUMME	RPORT VILLAGE PARKWA	V #710
		10000 OOMIVIE	Address	
		WI	NDERMERE FL 34786	
			City/State and Zip Code	
	446 76 7	kevin@	Ocooperspoolservice.com o be used for future annual report notifica	tion)
For furt	ther information cor	ncerning this matter, please ca		(), ()
		,	1	
	Kev Name of F	rin Cooper	at (407) 65 Area Code & Daytime T	56 7665 Celephone Number
				1
Enclose	ed is a check for the	following amount:	,	f
	.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)
	Registrate Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Diamond Pool Care LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

			,	
The Articles of Organization for this Limited	Liability Company were filed on	12/21/2010	and assigned	
Florida document numberL100001	29998			
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :		
	Cooper's Pool Service LLC			
The new name must be distinguishable and end "L.L.C."	with the words "Limited Liability Compa	ny," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if app	licable:			
(Principal office address MUST BE A STRE	EET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	<u> </u>			
B. If amending the registered agent an registered agent and/or the new registered		our records, <u>enter 1</u>	the name of the new	
registered agent and/or the new registered	omce address here;			
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street add	lyana .	
	En	Liner i toriua street adaress		
	Cit	, Florida	7:- C. J.	
	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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	·		Add Remove
 .			Add Remove
			T Damaria
			
			□ Damova
			Add Remove
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, i	f necessary.)
 Dated	6th June		
	Signature o	of a member or authorized representative of a member	- or
		Kevin Cooper Typed or printed name of signee	

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Filing Fee: \$25.00