L11000030439

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COVER LETTER

TO: - Registration Section
Division of Corporations

Rottermonds Pool & Spa Services, 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:

Joel J Rottermond

Name of Person

Rottermonds Pool & Spa Services, LLC

Firm/Company

35428 Crescent Drive

Address

Fruitland Park, FL 34731

City/State and Zip Code

rodmellott@embarqmail.com

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

For further information concerning this matter, please call:

Rodney N Mellott, CPA

ູ 352_,561-5389

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

Rottermonds Pool & Spa Service		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records a Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Florida document number <u>L11000030439</u>	Company were filed on March 11,2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designation	
Enter new principal offices address, if applicable:		2013
(Principal office address MUST BE A STREET ADI	DRESS)	(7)
Timepu office una ess Mest BEA STREET ADE	THE STATE OF THE S	<u>r2</u>
Enter new mailing address, if applicable:		A C
• • •		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		\
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		iter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	, Florid	
	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 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
MGR	Christopher D. Rottermond	35428 Crescent Dr	Add
		Fruitland Park, FL 34731	Remove
			-
			Add
			Remove
			-
			Add
			Remove
			Add
			Remove
			ω
			Add
			Remove
			Add
			Remove

If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
_	
led	MAN .
4	Signature of a member or authorized representative of a member Toel J. Rottermond
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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