Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099

Phone : (813) 932-5244

Fax Number

: (813)932-3782

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CURTIS POOLS, LLC**

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help

N. Culligan SEP 2 99/28/2011

COVER LETTER

TO: Registration S Division of Co	ection rporations		
SUBJECT:	Curtis	Pools, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		ROMAN ALBANO	
		Name of Person	
	CONTRACTOR	S REPORTING SERVICE, Firm/Company	INC
	137	95 N NEBRASKA AVE	
		Address	
		TAMPA, FL 33624 City/State and Zip Code	_ .
	E-mail address: (t	to be used for future annual report notificat	ion)
For further information	concerning this matter, please c	all:	
RO	MAN ALBANO	at(813) 932	
Name	of Person	Area Code & Daytime To	elephone Number
Enclosed is a check for t	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

9/28/2011 4:54 PM FROM: Cont Reporting Svc TO: 18506176383 PAGE: 003 OF 004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 SEP 28 AM 8: 35

SECRETARY OF STATE
JALLAHASSEE, FLORIDA

(Name of the Limited I	Curtis Pools, LLC liability Company as it now appear Florida Limited Liability Company)	ers on our records.)	,, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Lia	bility Company were filed on	6/13/2011	and assigned
Florida document numberL11000069	052		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>ere</u> :	
	OOLS OF INDIAN RIVER		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	oany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B			
intending dataress man high today of their b			
	•		
B. If amending the registered agent and/or registered agent and/or the new registered off		our records, enter t	he name of the nev
The state of the s			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	Citv		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

9/23/2011 12:56 FM FRWM: Coin Reporting Svi. TV: 1772/789750 - FWH: 000 UK 004

If smending 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

<u>Title</u>	Name	Address	Type of Action
			□ Acd □ □ Remove
			_ □ Add □ Remove
			D Add
 ;	***************************************		⊥ □ Add — Cl Kemove
			
· • • • • • • • • • • • • • • • • • • •	The second secon		_ □ Add □ Remove
		here: (Anach additional sheets, if necessary.)	11 SEP 28 AM 8: 35 SECRETARY OF STATE JALLAHASSEE, FLORIDA
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Page 2 of 2