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EXAMINER

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

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

DeGa Blue C	ustom	Pools a	nd spa	D XXC	ا
(Name of the Limited L (A F	lorida Limited Lia	bility Company)	n our record y.)		
The Articles of Organization for this Limited Lial	bility Company v	vere filed on	29/1/	and assign	ied
Florida document number <u>A 11 000 111 6</u> 9	13				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabili	ity company here:			
The new name must be distinguishable and end with 'L.L.C."	the words "Limite	d Liability Company,	" the designation "I	LLC" or the abb	reviation
Enter new principal offices address, if applicat	ole:				
(Principal office address MUST BE A STREET	ADDRESS)		-	<u>:</u>	
	•	· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:			*		
(Mailing address MAY BE A POST OFFICE B	<u>()(X)</u>		•		
	,				
B. If amending the registered agent and/or registered agent and/or the new registered officers.			records, enter 1	the name of t	he new
registered agent and/or the new registered only	ce address here.				
Name of New Registered Agent:			•	AS 1	*,
				LA OC	77
New Registered Office Address:		Enter	Florida street ada	rest 1	COMMENTS.
·			. Florida	SSE ANY OF THE PROPERTY OF THE	
		City	, Fibrida	Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:			ORI F	
I hereby accept the appointment as registered		. 4 4			isla
r nereny accent the appointment as registered	aveni ana agree	e to act in this capa	icuv. 1 iurther avi	ree to comply	WIIII

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 Title Type of Action Name 1 Address MAB MKRM ☐ Add Remove Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Typed or printed name disignce

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