

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : METRO BUSINESS AGENCY, INC.
Account Number : I20080000101
Phone : (239) 466-8600
Fax Number : (239) 275-0865

2011 OCT 25 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: JUANN POOLS @ GMAIL . COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QUALITY POOLS SERVICES SOLUTIONS LLC

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TALLAHASSEE, FLORIDA

A. LUNT
OCT 26 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: QUALITY POOLS SERVICES SOLUTIONS 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:

HANNA SRODA

Name of Person

METRO BUSINESS AGENCY INC

Firm/Company

4460 CLEVELAND AVE# E

Address

FORT MYERS, FL 33901

City/State and Zip Code

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

For further information concerning this matter, please call:

HANNA SRODA

Name of Person

at (239)

466-8600

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

2011 OCT 25 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

QUALITY POOLS SERVICES SOLUTIONS 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 10/17/2011 and assigned
Florida document number L11000118533.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

QUALITY POOL SERVICE SOLUTIONS LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2011 OCT 25 AM 10 00
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 TALLAHASSEE, FLORIDA

FILED

Dated OCTOBER 24TH, 2011.

Juan C Nava
 Signature of a member or authorized representative of a member

JUAN C NAVA

Typed or printed name of signee