L12000078467

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COVER LETTER

TO:	Registration S Division of Co		•			
SURII	ECT:	Jeff's P	ools Plus, LLC			
			ited Liability Company			
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
G		Geoffrey T. Heyne				
		J	eff's Pools Plus, LLC			
		•	Firm/Company	2	3 E/3	
		21	215 East Charles Street		JUN 2	~f7
	Address			7AR	Should be seen as a second	
	Lakeland, FL 33803		ري سيد دري	유 교	i Tr	
	City/State and Zip Code		<u> </u>	÷ :	\bigcirc	
		F-mail address: (ff.heyne@yahoo.com to be used for future annual report notific	etion) 5	IAIL	
For fu	ther information	concerning this matter, please of	·	Te e		
		Fred Heyne	at (904)	237-1761		
	Name	of Person	Area Code & Daytime	Telephone Number		
Enclos	ed is a check for	the following amount:				
₹ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate o Certified Co (additional c	f Status & py	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations 30x 6327	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Ceru Tallahassee, FL 325	n utions uter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jeff's Pools	Plus, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	06/13/2012	and assigned
Florida document numberL12000078467			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	re:	
The new name must be distinguishable and end with the words "Limi 'L.L.C."	ited Liability Comp	any," the designation "Li	LC" or the abbreviation
Enter new principal offices address, if applicable:		:	
(Principal office address MUST BE A STREET ADDRESS)		A 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2 2
			3 m
Enter new mailing address, if applicable:			7 5 9
(Mailing address MAY BE A POST OFFICE BOX)		ار <u>()</u>	
	-		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter th	e name of the ne
	- -		
Name of New Registered Agent:			
New Registered Office Address:		771 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Er	nter Florida street addr	ess
	Citv	, Florida	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	nager ∕Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR_	Fred Heyne	3833 Millpoint Drive Jacksonville, FL 32257	Add ✓ Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necesso	12 JUN 21 M 1:57
Dated		79/L	
	Signature of a memb	er or authorized representative of a member	
	Туре	Fred Heyne ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00