

L12000152867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

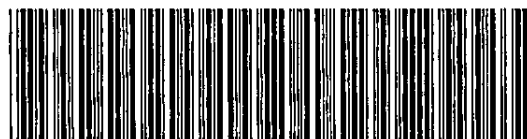
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100251613641

09/16/13--01029--011 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 16 PM 3:12

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUSINESS NAME CHANGE & ADDRESS

Name of Limited Liability Company

HBR POOL SERVICE LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hector B Ramirez

Name of Person

Firm Company

1005 Coastal Bay Blvd

Address

Bounton Beach, FL 33435

City/State and Zip Code

Hramirez0684@yahoo.com

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

For further information concerning this matter, please call:

Hector B Ramirez

Name of Person

at (954) 638-0174

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount.

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2013 SEP 16 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HBR Pool Service

(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 12/06/2012 and assigned
Florida document number L120001528.67

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: Shamoo Pools and
spa service 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)

1005 Coastal Bay Blvd

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Baynton Beach, FL 33435

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:

1005 Coastal Bay Blvd Baynton Beach, FL 33435

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:

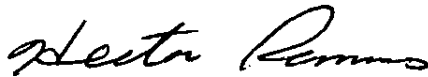
MGR = Manager

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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated 9-10-13



Signature of a member or authorized representative of a member

HECTOR B RAMIREZ

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 SEP 16 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA