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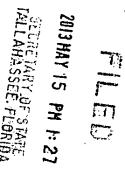
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

CENTRAL FLORIDA POOLS, 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:

Jacalyn Jansen

Name of Person

Leisure Pools of Central FL, LLC

Firm/Company

189 US Hwy 27 South

Address

Sebring, FL 33870

City/State and Zip Code

frans@spaspoolspatio.com

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

For further information concerning this matter, please call:

Jacalyn K. Jansen

863 385-5250

Name of Person

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leisure Pools of Central F  (Name of the Limited)		ny as it now appears on our reco lability Company)	ords.)
The Articles of Organization for this Limited L Florida document number <u>L13000053342</u>	iability Company	were filed on 04/11/2013	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
Central Florida Pools, LLC			
The new name must be distinguishable and end with L.L.C."	th the words "Limi	ited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)	SAME	A S C C C C C C C C C C C C C C C C C C
			An H 70
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		SAME	ARY OF THE
		<del> </del>	₩
B. If amending the registered agent and registered agent and/or the new registered o			enter the name of the new
Name of New Registered Agent:	SAME		
New Registered Office Address:	SAME		
		Enter Florida st	reet address
		, Flo	rida
		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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address <u>T</u>	ype of Action			
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Filing Fee: \$25.00