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COVER LETTER

Division of Corporations
SUBJECT: True Blue of Brevard - change to: True Blue Fod Sen Or Name of Limited Liability Company
True Bue
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Warver Name of Person
Name of Person
True Blue Pool Service, UL
3081 Eldron Blud SE
Address
Falm Bay, FL 32907
COVO WOVVEV CO W COSI, COW E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
COVOLUZIVEY #269377-4328 0
Name of Person Area Code & Daytime Telephone Number
AH. A.
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) Certificate of Status (additional copy is enclosed) \$25.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

True Bue,	UL	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Of Florida document number LIBUOID	Company were filed on	27/13 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim True Blue Fool of The new name must be distinguishable and end with the wo "L.L.C."	Service, u	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADD)</u>	RESS)	E A
Enter new mailing address, if applicable:		TALLAHA
(Mailing address MAY BE A POST OFFICE BOX)	mailing address, if applicable:	
B. If amending the registered agent and/or regis		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Fnter I	Florida street address
	Line: 1	, 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

Title	Name	Address	Type of Action
			Add
			Remove
			_
			Add
			Remove
			
			Add
			Remove
		A PACE	- ℧
		A A A A A A A A A A A A A A A A A A A	Add
		SATE CO.	Remove
		TALLAHASSEE, FLORIDA	- 3
			_
			
			Remove
			-
			Add
			Remove

	essary.)
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ed AUGUST 14 , 2013.	
Robert Warner	
Signature of a member or authorized representative of a member	
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1102011000	

Page 3 of 3

Filing Fee: \$25.00

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SECRETIVELY OF STATE
TALLAHASSEE, FLORIDA