Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000214396 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LICENSES ETC INC Account Number : I20070000159

Phone : (239)777-1028 Fax Number : (877)275-3593

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

etc@licensesetc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA POOL SHELLS EXPRESS, LLC

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From: Todd Babbitt

COVER LETTER

(((H14000214396 3)))

TO:

Registration Section Division of Corporations

FLORIDA POOL SHELLS EXPRESS, 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:

Lisa Adams
Name of Person
Licenses, Etc.
Firm/Company
886 110th Ave. N. Suite #6
Address
Naples, FL 34108
City/State and Zip Code
etc@licensesetc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

isa Adams.

Name of Person

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

09/11/2014 07:41

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POOL_SHELLS EXPRESS

PAGE 01/01

ARTICLES OF AMENDMENT (((H14000214396 3))) TO ARTICLES OF ORGANIZATION OF

FLORIDA POOL SHELLS				
(Name of the Limit	d Limbility Company at it now ar A Figrida Limited Liability Compa	spears on our records.)		
The Articles of Organization for this Limited Li Florida document number L13000119883	ability Company were filed or	n 08/23/201# ar	ad assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability compan	ıv here:		
The new name must be distinguishable and end with the	words "Limited Liability Company,	" the designation "LLC" or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applica	ıble;		±20	
(Principal office address MUST BE A STREE	TADDRESS)	SE P	SECKE	
		N		
Enter new mailing address, if applicable:			395	
(Mailing address MAY BE A POST OFFICE)	8 <u>0X</u>)	**************************************		
-			_ <u> </u>	
B. If amending the registered agent and/ registered agent and/or the new registered of		s on our records, enter the u	ame of the new	
Name of New Registered Agent:	Kevin L. Bishop			
New Registered Office Address:	238 Flamingo Ave.	•		
	Enter Florida street address			
	Naples	, Florida 34108		
	City	Zip	Code	
New Registered Agent's Signature, if changing I	legistered Agent:			

I hereby accept the appointment as registered agent and agree to act in this cupacity. 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 605, 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, Sienalure of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

(((H14000214396 3)))

MGR = Manager

AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	Joshua L. McKenna	5860 Shady Oaks La	ne □ Add		
		Naples, FL 34119	Remove		
			□ Add		
			Remove		
					
			Add		
			☐ Remove		
			□ Add		
			ARY OF CORPE		
			Remove A		
					
			Add		
			□ Remove		

(((] D. If amending any other information, enter change(s) here: (Attach additional sheets,	H14000214396 3))) if necessary:)
E. Effective date, if other than the date of filing:	(optional)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 9 the date this document is filed by the Florida Department of State)	O days after
Dated 09/11/2014	
× Kunt My	
Signatural farmember or authorized representative of a member Kevin Bishop Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SECUTION OF CHEROMATION