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SECRETARY OF STATE
TALLAHASSEE, FLOOR

COVER LETTER

TO:

Registration Section **Division of Corporations**

Endless Summer Pool Care 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:

Gary W Hall

Name of Person

Endless Summer Pool Care LLC

Firm/Company

18610 Fort Smith Circle

Address

Port Charlotte FL. 33948

City/State and Zip Code

endlesssummerpoolcare@gmail.com

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

For further information concerning this matter, please call:

Garv W Hall

 $\underset{\text{at (\underline{Ode})}}{\underline{\text{Area Code}}} \underbrace{\frac{456\text{-}6782}{\text{Daytime Telephone Number}}}$

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Engless Summer Pool Care LLC			
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability of Florida document number L13000155312	Company were filed on 11/05/2013	and assigned	i
This amendment is submitted to amend the following:	·	•	
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C.	".
Enter new principal offices address, if applicable:	<u> </u>	: - <u>-</u>	<u> </u>
(Principal office address MUST BE A STREET ADD	DRESS)		_
			<u> </u>
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE BOX)			
		,	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		SES 14	<u>ne new</u>
Name of New Registered Agent:	·	SEP 2	<u> </u>
New Registered Office Address:	Enter Florida street address	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Enter Florida street adaress Florida	PH 5:	rate
	City	Zip Goge	

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 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, Signature of New Registered Agent

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Harry A. Jacobsen Jr.	2263 Bendway Dr.	■ Add
·		Port Charlotte FL.	□ Remove
		33948	·
	· .		□·Add
		·	□ Remove
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	prior to date of receipt or filed date and cannot be more than 90 days after	
(The effective date must be specific, cannot be p the date this document is filed by the Florida I	prior to date of receipt or filed date and cannot be more than 90 days after Department of State)	
(The effective date must be specific, cannot be per the date this document is filed by the Florida Department of the Dated September 18	prior to date of receipt or filed date and cannot be more than 90 days after Department of State)	
(The effective date must be specific, cannot be per the date this document is filed by the Florida Department of the Dated September 18	prior to date of receipt or filed date and cannot be more than 90 days after Department of State)	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE