

L13000159842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2015
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

Pool Training Institute LLC

SUBJECT: _____
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:

Michael C. Evans

Name of Person

Pool Training Institute LLC

Firm/Company

719 Grassy Stone Dr.

Address

Winter Garden, Fl. 34787

City/State and Zip Code

pooltraininginstitute@yahoo.com

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

For further information concerning this matter, please call:

Michael C. Evans

407

614-4311

at (_____) _____

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

March 9, 2015

To Whom it May Concern,

I recently moved so I need to submit an address change for my small business, Pool Training Institute LLC. My previous address was 7312 Grotto Ave. Orlando, Fl. 32812 and I now reside at 719 Grassy Stone Dr. Winter Garden, Fl. 34787. I teach my class once a month at a local hotel in Orlando, Florida by renting out a meeting space for two days. I use my home address for the business address since I have a home office. There has been no other changes in the business.

Please feel free to contact me should you have any questions.

Kind Regards,

A handwritten signature in black ink that reads "Michael C. Evans". The signature is written in a cursive, flowing style.

Michael C. Evans
Pool Training Institute LLC.
719 Grassy Stone Dr.
Winter Garden, Fl. 34787
407-908-7076 Mobile
407-614-4311 Business

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pool Training Institute LLC

(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 November 14, 2013 and assigned
Florida document number L13000159842.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

719 Grassy Stone Dr.

Winter Garden, Fl. 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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: _____

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 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:

MGR = Manager

AMBR = Authorized 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
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TALLAHASSEE, FLORIDA

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

Change business address from 7312 Grotto Ave. Orlando, Fl. 32812 to

719 Grassy Stone Dr. Winter Garden, Fl. 34787

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

January 24, 2015

Dated _____ , _____ .

Michael C Evans

Signature of a member or authorized representative of a member

Michael C. Evans

Typed or printed name of signee

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Filing Fee: \$25.00

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