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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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J. ERUCE:

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Vī	NYL POOLS LL Name of Lim	Cited Liability Company	
	mendment and fee(s) are sub-	_	
Please return all correspond	lence concerning this matter	to the following:	
	DANIEL	A. DUECKEZ Name of Person	
		Name of Person	
		Firm/Company	
	3230 STA	RBUARD DRIVE	•
		Address	
	LANTANA,	FL 33467 City/State and Zip Code	
	VINYL POOLS E-mail address: (1	FL 33467 City/State and Zip Code SOGMATL COM to be used for future annual report notifica	ation)
For further information cor	ncerning this matter, please ca	all:	- 2
DAN DU Name of I	ECKER	at (<u>561</u>) 386 – Area Code Daytime T	Control of the Contro
Enclosed is a check for the	following amount:		TA R
\$25.00 Filing Fee	_	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee 55
\	Certificate of Status	Certified Copy (additional copy is enclosed)	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

VINYL POOLS 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 06/06/2014 and assigned
Florida document number <u>L14000091028</u>
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)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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
City Florida 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 **Title** Address **Type of Action** Name DUECKER, DAVID A 3230 STARBUARD DR. DAdd MGR LANTANA, FL 33462 Remove MGR DUECKER, JUDITH A 3230 STARBOARD DROADD LANTANA, FC 33462 PRemove □ Add ☐ Remove □ Add ☐ Remove ☐ Remove

).	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing: 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)
	Dated 60 JULY 01 , 2014.
	Signature of a member or authorized representative of a member
	DANIEL ADAM DUECKER
	Typed or printed name of signee

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Filing Fee: \$25.00

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