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|----------------------|--|---|--|
| SUBJECT: | Karls Kus | Hom Pools Inited Liability Company | <u>LLC</u> |
| The enclosed Artic | les of Amendment and fee(s) are su | bmitted for filing. | |
| Please return all co | rrespondence concerning this matte | r to the following: | |
| | <u>Karl</u> | E. Menzel Name of Person | |
| | Men | Let Pools Firm/Company | |
| | 18243 U | Dintergarden 1 | Ave |
| | | | 3948 |
| | E-mail address. | cools a Comcas (to be used for future annual report notifi | + net |
| For further informa | tion concerning this matter, please | call: | |
| <u>Kar</u> | LE, Menzer | at (941) 875- Area Code Daytime | 4894 Telephone Number |
| Enclosed is a check | for the following amount: | | |
| \$25.00 Filing F | 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

| Karls Kustom 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 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| Menzer Pools LLC |
| 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 |
| Enter Florida street dadress Florida |
| City Zip Class |
| 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 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| amending any other information, enter change(s) here: (Attach addit | , , |
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| ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt on/filed/date and cannot he date this document is filed by the Florida Department of State) Pated 10/20/4 Signature of a member or authorized representative Sharon A. Menze. | , |

Page 3 of 3

Filing Fee: \$25.00

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