114000140511

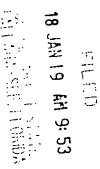
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800307590158

01/19/18--01014--002 **25.00



S. WARREN JAN 2 2 2018

COVER LETTER

		stration Sec ion of Corp					
cub (E/		G & A PRO	PERTY PASCO LLC				
SUBJEC	↓1: <u> </u>		Name of Lim	ited Liability Company			
The encl	losed .	Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn a	ill correspon	dence concerning this matter	to the following:			
			GRAHAM JAMES TINGI	EY			
				Name of Person			
		G & A PROPERTY PASCO LLC					
			Firm/Company 2949 E DOVE CT Address INVERNESS FL 34452				
			City/State and Zip Code				
			grahamtingey@yahoo.co.uk				
			E-mail address: (1	to be used for future annual repo	ort notification)		
For furth	ner inf	ormation co	ncerning this matter, please ca	alt:			
GRAHAM JAMES TINGEY		832 458 97 at ()					
		Name of	Person	Area Code I	Daytime Telephone Number		
Enclosed	d is a	check for the	e following amount:				
\$25.	.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

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

(1700 of the Latin	ited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number L14000140511	Liability Company	were filed on 1/1/2	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company her	2:	
PRISTINE POOLS OF PASCO LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	cable:	2102 TARRAGON LN		
Principal office address MUST BE A STREI		NEW PORT RICHEY		
		FL 34655		
Enter new mailing address, if applicable:	nter new mailing address if applicable		2102 TARRAGON LN	
Mailing address MAY BE A POST OFFICE	· BOX)	NEW PORT RIC	HEY	
		FL 34655		
			our records, enter the name of th	
Name of New Registered Agent:	office address her	<u>e</u> :	our records, enter the name of th	
egistered agent and/or the new registered o		<u>e</u> : GON LN	our records, enter the name of the	
	office address her	e: GON LN Enter Florid		

If Changing Registered Agent, Signature of New 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 distument 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MRS	AMY JO FOSTER-TINGEY	2949 E DOVE CT INVERNESS	
		FL 34452	■ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
		 	
			□ Remove
			Change
			
			Remove Change Change
			Add S
			[7] Change

): If amen	ding any other information, enter change(s) here: (Attach additional)	d sheets, if necessary.)	
_			
_			
_		···	
_			
_			
_			
_			
(If m effect Note: If document of the reco	re date, if other than the date of filing: ative date is listed, the date must be specific and cannot be prior to date of filing or more f the date inserted in this block does not meet the applicable statutory filing r nt's effective date on the Department of State's records.	equirements, this date will not be listed	l as the
b) The S	90th day after the record is filed.		
Dated _	1/14/2018		
	CALL STATE OF THE	18 J	
	Signature of a number or authorized representative of	• 	r1
	GRAHAM JAMES TINGEY	9 F	
	Typed or printed name of signee	## 9: 5	Ĵ.
	Page 3 of 3	Şr C	

Filing Fee: \$25.00