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COVER LETTER

TO: Registration Solution of Col			
United Pox			
SUBJECT.		ited Liability Company	······
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew Thompson		
		Name of Person	
	Firm/Company		
	1226 N. Tamiami Tr., Sui	re 302	
		Address	
	Sarasota, FL 34236		
		City/State and Zip Code	
	accounts@mainstreetcorps		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Matthew Thompson		941 554-4393 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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**

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AHARA	30 AMII: 12 FELLOS

United Pools, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		59496
The Articles of Organization for this Limited Liability Con	mpany were filed on October 17, 2014	4 and assigned
Florida document number L14000162481	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe		is, enter the name of the new
registered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	, F	lorida
		Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con	mplete performance of my duties, a	and I am familiar with and
accept the obligations of my position as registered age	ent 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added FILED or removed from our records: 2015 NOV 30 AM 11: Prope of Action MGR = Manager AMBR = Authorized Member **Title** Address Name MGR John M. Porvaznik 1859 Vamo Way Sarasota, FL 34231 ☐ Remove Change MGR Craig Kobierski 1862 Vamo Dr. □ Add Sarasota, FL 34231 □ Remove ■ Change MGR Stanley Morse 20278 Astoria Ave. **■** Add Port Charlotte, FL 33952 _□ Remove ☐ Change □ Add □ Remove _□ Change ☐ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change

	FILED
). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	2015 NOV 30 AM 11: 12
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	TALLAHASSEE, FI URIO,
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E. Effective date, if other than the date of filing: (If an effective date is histed, the date must be specific and comost be prior to date of filing or more than 00 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records.	505 0207 (1)(b) isted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea (b) The 90th day after the record is filed.	rlier of:
Dated November 24 , 2015	
Signature of a member or authorized representative of a member	
JOHN M PORVAZNIK Typed or printed name of signee	

Page 3 of 3 Filing Fee: \$25.00