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SECRETARY OF STATE



COVER LETTER

TO:	Registration of	on Section ' f Corporations		
eun te		ican DreamPools & Spas, LLC		
SUBJE	.C.I:	Name of Limited Liability Company		
The end	closed Article	es of Amendment and fee(s) are submitted for filing.		
Please r	return all corr	respondence concerning this matter to the following:		
		Kyle Fisher		
		Name of Person		
		N/A		
		Firm/Company		
		1319 Village Green Pkwy		
		Address		
		Bradenton, Fl 34209		
		City/State and Zip Code	2015 SEC	
		E-mail address: (to be used for future annual report notification)		7
For furt	her informati	tion concerning this matter, please call:		
Kyle Fi		941 932-4800 = 5 at ()	OF ST.	Ö
	Na		18 36 18 36 18 36	
Enclose	ed is a check	for the following amount:		
\$25	5.00 Filing Fe	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	e of Status &	

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

(Name of the Limited Liability (A Florida	ty Company as it now appears on our real Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C Florida document number L14000178222	Company were filed on 11/17/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation '	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	UL 3 P
Enter new mailing address, if applicable:		D 2: 3t
(Mailing address MAY BE A POST OFFICE BOX)		36 A
3. If amending the registered agent and/or regis registered agent and/or the new registered office add		ords, <u>enter the name of th</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
		, 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 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
AMBR	Kyle Fisher	1319 Village Green Pkwy	Add
		Bradenton, FI 34209	■ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			Add
		TALLAHASSEE	
		7 7 7	Remove
			□ Change
	<u> </u>		Add
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	DA DA	36	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(option 90 days after file ements, this d	i al) ling.) Pu late will	irsuant to 605.02 I not be listed
he record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	t 12:01 a.r	m. on	the earlier
Dated ,			
Signature of a member or authorized representative of a mer	mber		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00