

LI50000 22841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

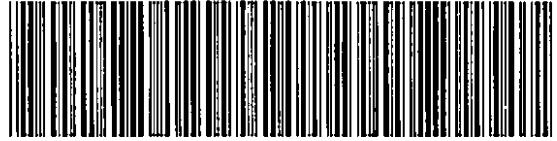
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APR 01 2019

APR 01 2019 PM 1:38

FILED

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2019

HELEN AMANDA CRAWFORD
POOL CHICS LLC
PO BOX 352
CLEWISTON, FL 33440

SUBJECT: POOL CHICS LLC
Ref. Number: L15000022841

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

ON PAGE 3 OF 3, PLEASE DATE THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 119A00005807

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pool Chics LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helen Amanda Crawford

Name of Person

Pool Chics LLC

Firm/Company

205 Taft Blvd

Address

Clewiston FL 33440

City/State and Zip Code

~~1826crawford@gmail.com~~

8126crawford@gmail.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Amanda Crawford

863

885-9264

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

Rec 3/24/19

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pool Chics 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 2/05/2015 and assigned
Florida document number L15000022841.

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 contain 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)

Helen Amanda Crawford

205 Taft Blvd

Clewiston FL 33440

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Helen Amanda Crawford

PO Box 352

Clewiston FL 33440

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:

Helen Amanda Crawford

New Registered Office Address:

205 Taft Blvd

Enter Florida street address

Clewiston

City

Florida 33440

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Christine Stewart	1723 John Road Clewiston Fl. 33440	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lori Fox	1723 John Road Clewiston Fl 33440	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Helen Amanda Crawford	205 Taft Blvd Clewiston Fl 33440	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gary William Crawford	205 Taft Blvd Clewiston Fl 33440	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 3/5 19

Helen Amanda Craigh
Signature of a member or authorized representative of a member

Helen Amanda Crawford
Typed or printed name of signer