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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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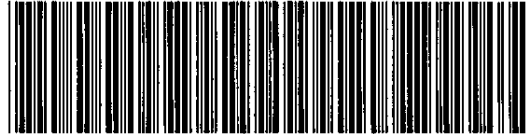
(Business Entity Name)

(Document Number)

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2015 APR -6 PM 4:42  
CLERK OF STATE  
TALLAHASSEE FL 32301

2015 APR 21 2015  
2015 APR 21 2015  
CLERK OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Surfrider Pools 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:

Jeffrey Smith  
Name of Person

Surfrider Pools LLC  
Firm/Company

305 Hopkins Street  
Address

Neptune Beach FL, 32266  
City/State and Zip Code

jethrosmith27@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Smith at ( 423 ) 667-0761  
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

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2015 APR -6 PM 4:42  
TALLAHASSEE, FL 32301  
REGISTRATION SECTION

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Surfrider 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 2/6/2015 and assigned  
Florida document number L15000023072.

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 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:

Monica McAlpine

New Registered Office Address:

305 Hopkins Street

Enter Florida street address

Neptune Beach

City

Florida

32266

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.

Monica McAlpine  
If Changing Registered Agent, Signature of New Registered Agent

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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/1/15, \_\_\_\_\_

Jeffrey Smith  
Signature of a member or authorized representative of a member  
Jeffrey Smith  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA