

L19 0000 51459

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

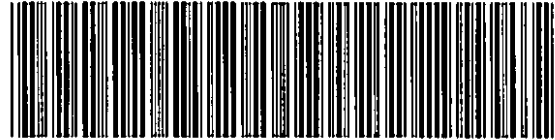
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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STATE OF FLA  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pine Apple Pool Service 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:

Edward Haley  
Name of Person

Pine Apple Pool Service  
Firm/Company

PO Box 577  
Address

Palmatto FL 34220  
City/State and Zip Code

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

For further information concerning this matter, please call:

Edward Haley at (207) 500 0214  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Pine Apple Pool Service 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 3-2015 and assigned Florida document number L15000051459.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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TALLAHASSEE, FLORIDA

**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:**

~~Shirley A~~ Lisa Haley

**New Registered Office Address:**

1201 35th Ave West

Enter Florida street address

Bredenton

City

Florida 34205

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.*

Lisa Haley

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>
<del>AMBR</del>	Elisab Cope Jr	18 Broadmoor Lane	<input type="checkbox"/> Add
		<sup>West</sup> Rotunda, FL 33947	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<del>AMBR</del>	Lisa Haley	PO Box 577	<input checked="" type="checkbox"/> Add
		Palmetto FL 34220	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<del>AMBR</del>	Edward Haley	PO Box 577	<input checked="" type="checkbox"/> Add
		Palmetto FL 34220	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<del>MGR</del>	Henry Haley	17 Garrison St	<input checked="" type="checkbox"/> Add
		Brunswick ME 04011	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 JUL 17 AM 7:41  
OFFICE OF THE  
ATTORNEY GENERAL  
TALLAHASSEE, FLORIDA

17 JUL 17 AM 7:41  
 DIRECTOR, FBI  
 WASHINGTON, DC

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7-13, 2017.

Rosa Haley  
Signature of a member or authorized representative of a member

Lisa Haley  
Typed or printed name of signee