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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLEMING ISLAND 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:	
REESE AINSWORTH Name of Person	
FLEMING ISLAND POOLS LLC Firm/Company	
2312 CROOKED PINE LN	
FLEMING TSLAND, FL 32003 City/State and Zip Code	
City/State and Zip Code Teestains worth a gmail. Long E-mail address: (to be used for future annual report notification)	16 SECREE
For further information concerning this matter, please call:	P 21 RAPIG
REESE AINSWORTH at (904) 314-6326 Name of Person Area Code Daytime Telephone Number	I PN 3 42
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te 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

FLEMING LSLA (Name of the Limits	AND FOOL: d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L150000</u> 8 Yo	ability Company		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of FIRST COAST POOL PR	os ZZC	-	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	
(Principal office address MUST BE A STREE)	(ADDRESS)		·-··
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	N/A	
B. If amending the registered agent and/oregistered agent and/or the new registered off			enter the name of the new
Name of New Registered Agent:	N/A		ANT OF SECTION
New Registered Office Address:	N/A	Enter Florida street address	
			96 5
•		, Flori 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.

N/A
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 **Type of Action Title Address** <u>Name</u> JAMES ANDERSON 1755 MOSS CREEK DR MGR FLEMING ISLAND, FL 32003 □ Remove ☐ Change □ Add

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fig. If the date inserted in this block does not meet the applicable status ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effe ne 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
SEMPTEMBER 19, 2016	
R- A-S	
Signature of a member or authorized repre	

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Filing Fee: \$25.00