Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150001659173)))



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To:

Division of Corporations

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From:

Account Name

: LICENSES ETC INC

Phone

Account Number : I20070000159

Fax Number

: (239)777-1028 : (877)275-3593

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, **

Email Address: ETC@LicensesETC.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OASIS POOL BUILDERS, LLC

Certificate of Status	0
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Page Count	05
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COVER LETTER

	stration So sion of Coi			
SUBJECT:	Oasis	Pool Builders, LLC		
SUBJECT:			nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Sean Dinneen		
			Name of Person	
		Licenses, Etc., Inc.		
			Firm/Company	
		886 100th Ave N, Sui		
			Address	
		Naples, Fl. 34108		
		ETA OLI I SANCE EL SA	City/State and Zip Code	
		ETC@LicensesEtc.c E-mail address: (om to be used for future annual report not	ification)
For further in	formation c	oncerning this matter, please c	alf:	
Sean Dii	nneen		at (239) 592-4381	I
	Nате с	f Person		e Telephone Number
Enclosed is a	eheek for t	he following amount:		
28 \$25.00 Fi	ling 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, 141, 32314		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301		

(((H150001659173)))

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ТО	5
ARTICLES OF ORGANIZA	TION TO TO
OF	TION (((H15000165917 3)))
~	
Onein Paul Building 11.0	
Oasis Pool Builders, LLC	O. Com.
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on _	06/23/2015 and assigned
Florida document number L15000109249	7 · · · · · · · · · · · · · · · · · · ·
Torida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company l	iere:
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)	
Professional State of the State	
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 of	on our records, enter the name of the new
B. If amending the registered agent and/or registered office address of	on our records, enter the name of the new
B. If amending the registered agent and/or registered office address of	on our records, enter the name of the new
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, enter the name of the new
B. If amending the registered agent and/or registered office address of	on our records, <u>enter the name of the new</u>
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	on our records, enter the name of the new
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	oridastreet address
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	

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

(((H15000165917 3)))
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	Jerald L Ryan	131 Carica Road	□ Add
		Naples, FL 34108	R Remove
			☐ Change
AMBR	James Edward Ryan	1791 Trade Center Way	🔼 Add
		Suite C	□ Remove
		Naples, FL 34108	☐ Change
			Add
			Remove
			CHange Change
			Remove T
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change

o: Sunbiz LLC Amendment	Page 5 of 5	2015-07-07 19	9:10,49 (GMT)	From: Licenses E
D. If amending any	ather information o	ntor change(e) here:	(Attach additional sheets, if ne	(((H15000165917 3)))
Dy 11 amending any	other mior mation, t	mer change(s) here.	(Altaça additional sheets, if the	ecessary,
 				
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E Efforting Juan if		- C C:1:	(tional)
E. Effective date, if a (If an effective date is if	isted, the date must be spe	cific and cannot be prior to	date of filing or more than 90 days af	tional) er filing.) Pursumut to 605,0207 (3)(b)
Note: If the date in	serted in this block do be date on the Departm	es not meet the applical	ole statutory filing requirements, the	his date will not be listed as the
document a circon	to date on the Departm	en of State 3 records.		
If the record energi	ice a delayed offer	rtivo data, but not	an effective time, at 12:01	a muon the earlier of:
(b) The 90th day			ar checuve thire, at 12.01	ann, on the edition of
Dated7/7/	2015	12:01		
		,	- `	
	Denald	I Prom		
	Signan	are of a member or author	ized representative of a member	
	and the state of t			
J(erald L Ryan	Typed or printed	name of cignoe	****

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Filing Fee: \$25.00