

215000176797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

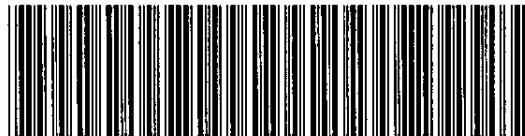
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
15 AUG - 7 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 10 2015

J SHIVERS

August 5, 2015

Florida Dept of State
Regarding amendment to LLC

To whom it may concern:

Attached is the cover letter and articles of organization for
SUN COAST POOL SERVICE,LLC # L15000130397

The amendment is requesting that the SEC - April Smith
Burgess be removed from the LLC.

I am attaching a check # 5101, in the amount of \$60 for the
filing fee, certificate of status and certified copy.

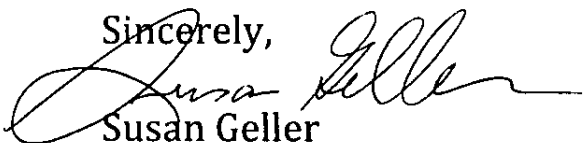
The company email is :suncoastpoolspa@gmail.com

Please contact me at 407-921-9708 if there are any questions

Please mail to:

Sun Coast Pool Service, LLC
C/O Susan Geller, Reg. Agent
103 Squirrel Trail
Longwood, Fl 32779

Sincerely,

A handwritten signature in black ink, appearing to read "Susan Geller", is written over the printed name.

Susan Geller
Registered Agent for
Sun Coast Pool Service,LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN COAST 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:

SUSAN Geller

Name of Person

REG. Agent for: SUN COAST POOL SERVICE, LLC

Firm/Company

103 SQUIRREL TRAIL

Address

LONGWOOD, FL. 32779

City/State and Zip Code

SUNCOASTPOOLSPA@gmail.com

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

For further information concerning this matter, please call:

SUSAN Geller

Name of Person

at (407) 921-9708

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

TO
ARTICLES OF ORGANIZATION
OF

SUN COAST 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 July 30, 2015 and assigned
Florida document number L 15 000 130397

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)

☒ **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:

New Registered Office Address:

Enter Florida street address

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
SEC	APRIL Smith-Burgess	3061 N, Brookfair Crescent	☐ Add
		DAYTONA BEACH SHORES	☒ Remove
		FI 32118	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. 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)
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.

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 August 5, 2015.
Susan Geller
Signature of a member or authorized representative of a member
SUSAN Geller
Typed or printed name of signee