L15000184164

(Red	questor's Name)	
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COVER LETTER

SUBJECT: Oracitive out	stor e pools lle	Live Custon ited Liability Company	1 POOLS LLC		
	Name of Lim	ited Liaolity Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	joe costa				
		Name of Person			
	creative custom pools llc				
	Firm/Company				
	567 SOUTH WEST 11TH	COURT			
		Address			
	PALM CITY FL,34990				
	10.170.0011.1011.0011.111	City/State and Zip Code			
	JOECOSTA 1976@GMAIL E-mail address: (.COM to be used for future annual report notifi	cation)		
For further information co	oncerning this matter, please ca	•			
joe costa		561 729-3250 at ()			
Name o	l'Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne 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)		

Registration Section Division of Corporations

TO:

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

creative custom 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 10/29/2015 and assigned Florida document number $\frac{L15000184164}{L15000184164}$ 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." 567 SOUTH WEST 11TH COURT Enter new principal offices address, if applicable: PALM CITY FL,34990 (Principal office address MUST BE A STREET ADDRESS) 567 SOUTH WEST 11TH COURT Enter new mailing address, if applicable: PALM CITY FL,34990 (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 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, 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 Page 1 of 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
Title	Name

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Chartge
			Add Add
			OF STATE Remove
			RIDA Change

). If amend	ding any other information, enter change(s) here: (Attach additional sheets. if necessary)	essary.)	
-			
		 	
			-
-		<u> </u>	
			
(If an effect	e date, if other than the date of filing:	filing.) Pursuan	nt to 605.0207 (be listed as th
the recor The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a 0th day after the record is filed.	ı.m. on the	earlier of:
Dated	1- > , 2018		
		2016	
	Stgnature of a member or authorized representative of a member		
	Joe Costa	10 m	
	Typed or printed name of signee	Y OF ST	
	Page 3 of 3	STATE LORIDA	U
	Filing Fee: \$25.00	-	