

L16000125273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

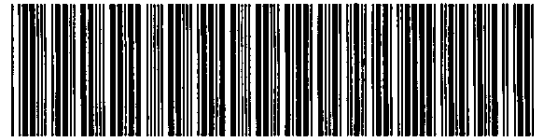
(Business Entity Name)

(Document Number)

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02/15/18--01012--022 **30.00

FILED
18 MAR -2 AM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2018

ANGELA SANTIAGO
10885 OLD LAKELAND HWY
DADE CITY, FL 33525

SUBJECT: ALSAIS LLC
Ref. Number: L16000125273

We have received your document for ALSAIS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There can only be one registered agent list for an entity.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 918A00003445

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALSAIS 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:

Angela Santiago / Alexis CAMACHO

Name of Person

ALSAIS LLC

Firm/Company

10985 Old LAKELAND HWY

Address

DADE CITY FL 33525

City/State and Zip Code

SANTIAGO Angela 343 @ GMAIL.COM

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

For further information concerning this matter, please call:

Angela Santiago

Name of Person

at (813) 415-5846

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALSAIS LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 4/28/2017 and assigned
~~07/07/2016~~
Florida document number L16000125273.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SALT LIFE POOLS OF PASCO LLC

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)

10885 OLD LAKELAND HWY
DADE CITY FL, 33525

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10885 OLD LAKELAND HWY
DADE CITY FL, 33525

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:

Alexis A. CAMACHO

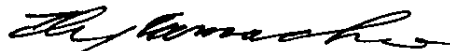
New Registered Office Address:

10885 OLD LAKELAND HWY
Enter Florida street address

DADE CITY, Florida 33525
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

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>
operating MANAGER	Alexis A. CAMACHO	10885 old lakeland Hwy	<input type="checkbox"/> Add
		DAdecity FL, 33525	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Vice MANAGER	Angela Y. SANTIAGO	10885 old lakeland	<input type="checkbox"/> Add
		Hwy DAdecity FL, 33525	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amending NAME ALBAIS LLC. To SALT LIFE POOLS OF PASCO
Address change. 10885 old lakeland Hwy Dade City
FL, 33525

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MAR - 2 11 12 58
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 2/12/18 (optional)

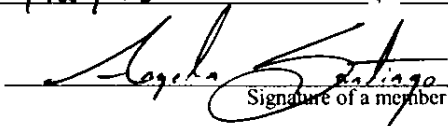
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 2/12/18



Signature of a member or authorized representative of a member

Angela SANTIAGO

Typed or printed name of signee