Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

Eron:

Account Name : LICENSES ETC INC

Account Number : 120070000159

Phone 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

CONTRACTOR OF CO

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOAKERS SPLASH PADS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

K. SALY

DEC 21 2016

2016-12-20 17:16,06 (GMT)

From: Licenses Etc.

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COVER LETTER

	egistration Sec vision of Corp				
	SOAKERS	SPLASH PADS, LLC			
SUBJECT	·	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please retur	m all correspo	ndence concerning this matter	to the following:		
		LISA ADAMS			
		<u> </u>	Name of Person		
		LICENSES, ETC., INC.			
			Firm/Company		i. Sto
		886 110TH AVE. N., SUI	TE #6		
			Address		
		NAPLES, FL 34108			
			City/State and Zip Code		
		SUPPORT@LICENSESET			
			to be used for future annual report notif	heation)	
For further	information co	oncerning this matter, please cr	all:		
LISA ADA	AMS		239 777-8321		
	Name o	Person	Area Code Duytimo	e Telephone Number	
Enclosed is	s a check for th	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)	

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

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

(((H160003110683)))

ARTICLES OF T	AMENDMENT O	(((2000)0000000000000000000000000000000
ARTICLES OF C	ORGANIZATION OF	and assigned by
SOAKERS SPLASI	I PADS. LLC	The Control
(Name of the Limited Liability Compa (A Florida Limited		10 750 A
The Articles of Organization for this Limited Liability Company Florida document number L16000138974		and assigned
This amendment is submitted to amend the following:		-7
A. If amending name, enter the new name of the limited liab		-
The new name must be distinguishable and contain the words "Limited Liabi	hty Company." the designation "LLC	or the abbreviation 'L.L.C."
Enter new principal offices address, if applicable:	3724 SE 16TH PLACE	
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FL 33904	
Enter new mailing address, if applicable:	3724 SE 16TH PLACE CAPE CORAL, FL 33904	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address here	ffice address on our records	s, enter the name of the new
Name of New Registered Agent: New Registered Office Address:		
	Enter Floridastreet address	
		orida
	Ciŋ [,]	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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	JAMES PUDELSKI	3724 SE 16TH PLACE	■ Add
		CAPE CORAL, FL 33904	□ Remove
			Change
AMBR SCOTT	SCOTT J. PUDELSKI	3724 SE 16TH PLACE	□ Add
		CAPE CORAL, FL 33904	□ Remove
			☐ Change
MGR W	WENDY L. PUDELSKI	3724 SE 16TH PLACE	Add
		CAPE CORAL, FL 33904	■ Remove
			☐ Change
***************************************		Chal	Remove The
			Remove
			☐ Change
			☐ Remove
			☐ Change

2.

- Please add James Pudelski, t	title AMBR, as an officer.		
- Please change Scott Pudelski's tide from MGR to AMBR.			
- Please remove Wendy L. Pudelski as MGR. She should remain listed as Wendy L. Pudelski with the title AMBR.			
- All addresses (Principal, Ma	iling, and Officer Addresses) should be changed to 3724 SE 16th Place. Cape Coral,		
FL. 33904			
- Please add the FEIN to appe	ear on the State's website. Our FEIN is 81-3276067.		
	No. 25		
	<u> </u>		

ctive date, if other than the offective date is listed, the date must if the date inserted in this bloment's effective date on the De	the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 ock does not meet the applicable statutory filing requirements, this date will not be list		
ecord specifies a delayed ne 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earli ord is filed.		
December 20th	2016		
~ 			
	Supply Party Lie		
	Signature of a member or authorized representative of a member Wendy L. Pudelski		

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Filing Fee: \$25.00