

U6000179957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

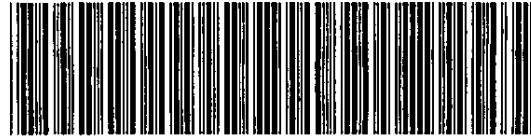
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Page mrs 623, 2544

Office Use Only



200291078672

10/11/16--01029--006 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 11 PM 12:57

NOV 03 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2016

DONNA PYLE
PO BOX 367926
BONITA SPRINGS, FL 34136

SUBJECT: COASTAL POOL SERVICES, LLC
Ref. Number: L16000179957

RECEIVED
2016 NOV -3 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COASTAL POOL SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 3 MISSING

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

FILED
16 OCT 11 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Pool Services, 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:

Donna Pyle
Name of Person

Firm/Company

PO Box 367926
Address

Bonita Springs, FL 34136
City/State and Zip Code

donna.pyle99@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 11 PM 12:58

For further information concerning this matter, please call:

Donna Pyle at (865) 771-1819
Name of Person 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**

Coastal Pool Services, 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 9/27/16 and assigned Florida document number L160000179957.

This amendment is submitted to amend the following:

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

~~Palm Coast Pool Service, LLC~~ Five Star Pool and Spa Services, 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)

2710 Del Prado Blvd
#204

Cape Coral, FL 33904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2710 Del Prado Blvd
#204

Cape Coral, FL 33904

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 11 PM 12:58

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

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>
--------------	-------------	----------------	-----------------------

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 11 PM 12:58

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 11 PM 12:58

E. Effective date, if other than the date of filing: _____ (optional)

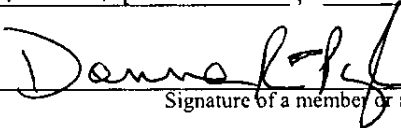
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 _____

10/31/2016



Signature of a member or authorized representative of a member

Donna R. Pyle

Typed or printed name of signee