# LIGOOBSOIL

(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:		

Office Use Only



900296038849

03/06/17--01029--009 \*\*25.00

MIL TO A III OC

D BRUCE MAR 07 2017

# **COVER LETTER**

TO: Registration Section Division of Corporations	,
SUBJECT: Hydro Crafter Pools, 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:	
Joseph Talbert Name of Person	-
Hydrocrafte (Pools, LLC)	-
20 Bleau CT Address	_
Palm Coast FL 32137  City/State and Zip Code	<del>-</del>
Joes pools of daytona e gmail. com  E-mail address: (tobe used for future annual report notification)	
For further information concerning this matter, please call:	- 21
Owa Jersey  Name of Person  at (386) 264 - 1664 465  Area Code  Daytime Telephone Number	- 1
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &

### **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

Hundro crafted Pool	s. UC
Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company	بر ایر ایر
This amendment is submitted to amend the following:	
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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new malling address, if applicable:  (Mailling 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  City  City  Signature, if changing Registered Agent:  It 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, FeS. Or. Tithis document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	10 Laughing Gull Lane
(Mailing address MAY BE A POST OFFICE BOX)	Edgewater, FL 32141
Name of New Registered Agent:	
New Registered Office Address:	<b>20</b>
·	Enter Florida street address
	City Code
	<u> </u>
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pa	performance of my duties, and Lam familiar with and rovided for in Chapter 605, F.S. Or, If this document is

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>	Name	Address	Type of Action
			□ Remove
			☐ Change
<del></del>			
			Remove
			Remove
			Change AHASSES F
			Add Remov
			Remove
			□ Add
		, , , , , , , , , , , , , , , , , , , ,	☐ Remove
		·····	Change
			Add
			□ Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Robert Yanchis as full Partner on Corporati	ou.
Robert Yanchis as full Partner on Organation Joseph Talbert no longer Sole Member.	
Robert Yanchis 4910 Harryon Dr.	
Panama City FC 32404	
A & 28 L	
AHASSET - b	= m
A III 01	O
Effective date, if other than the date of filing:	.0207 (3)( ed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied.	er of:
Dated Ma(ch 3, 20)7.  Signature of a member or authorized representative of a member	
Joseph C. Taulant  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00