

L16000188680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

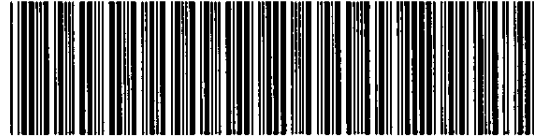
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 25 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KV'S Pool and Spa Supplies 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:

Nick Wilmot

Name of Person

Debbie's Accounting Service, Inc

Firm/Company

3575 Southside Blvd

Address

Jacksonville, FL 32216

City/State and Zip Code

selmahidic@aol.com

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

For further information concerning this matter, please call:

Nick Wilmot

904

733-4547

at ()

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

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TALLAHASSEE, FL

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

AQUA DUDE POOL STORE AND SUPPLIES, 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 10/12/2016 and assigned
Florida document number L16000188680.

This amendment is submitted to amend the following:

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

KV'S Pool and Spa Supplies 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)

3201 INVERRARY BLVD. WEST

LAUDERHILL, FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3201 INVERRARY BLVD. WEST

LAUDERHILL, FL 33321

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:

VOGT, VINCENT

New Registered Office Address:

5355 NW 83 Way

Enter Florida street address

Coral Springs

Florida

33067

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>
AMBR	VOGT, VINCENT L	5355 NW 83 Way	<input type="checkbox"/> Add
		Coral Springs, Fl. 33067	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	VOGT, KARRI A	5355 NW 83 Way	<input type="checkbox"/> Add
		Coral Springs, Fl. 33067	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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SECRETARY OF STATE

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

[illegible]

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.

(b) The 90th day after the record is filed.

Dated May 16, 2017

Venus Voge

Signature of a member or authorized representative of a member

Vincent Vogt

Typed or printed name of signee

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STATE
SECRETARY OF FLORIDA
TALLAHASSEE