116000230320

| (Re | equestor's Name) | |
|--|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| (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: | | |
| (BC | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

D. BRUCE JAN 0 5 2017

COVER LETTER

| TO |): Registration Se Division of Cor | | | |
|-----|---------------------------------------|--|---|--|
| SII | Inlet Pool S | ervice and Repair LLC | | |
| 30 | DJEC1. | Name of Lin | nited Liability Company | |
| | | Amendment and fee(s) are sub | • | |
| | | James A Fenn | | |
| | | | Name of Person | |
| | | Inlet Pool Service and Rep | pair LLC | |
| | | | Firm/Company | |
| | | 13029 58th Court North | | |
| | | Royal Palm Beach FL 334 | Address | ZOIT JAN |
| | | jfenn10@yahoo.com | City/State and Zip Code | SEA OF THE |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For | further information co | oncerning this matter, please c | all: | 表 — — — — — — — — — — — — — — — — — — — |
| Jan | nes A Fenn | | 561 291-1313 at () | J. |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enc | closed is 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Inlet Pool Service and Repair LLC | | |
|---|---|------------------------------|
| (Name of the Limited Lin (A Flo | ability Company as it now appears on our records.) orida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | ty Company were filed on December 21, 2016 | and assigned |
| Florida document number L16000230320 | · | |
| his amendment is submitted to amend the following | g: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| he new name must be distinguishable and contain the words | 'Limited Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET AL | ODRESS) | |
| | | |
| | | |
| Cuter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | 2 | |
| | | |
| | | |
| . If amending the registered agent and/or re | | |
| egistered agent and/or the new registered office a | address here: | A P |
| | | |
| Name of New Registered Agent: | | SSR - |
| New Registered Office Address: | | mg m |
| | Enter Florida street address | CRION III |
| - | , Flori | ida 🗮 🚞 🔠 |
| | 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> | Name | Address | Type of Action |
|--------------|--------------|---------------------------|----------------|
| AMBR | James A Fenn | 13029 58th Court North | = Add |
| | | Royal Palm Beach FL 33411 | ☐ Remove |
| | | | |
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| | | | ☐ Remove |
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| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot te: If the date inserted in this block does not meet the cument's effective date on the Department of State's received. | applicable: | e of filing or m statutory filing | ore than 90 days g requirements | optional) after filing.) P , this date wi | ursuant to | 605.0 listed |
| record specifies a delayed effective date, b he 90th day after the record is filed. | out not an | effective t | ime, at 12:0 |)1 a.m. or | the ea | arlier |
| December 27 2017 | | | | | | |
| 211 | | | | | | |
| Signature of a thember | M | renresentative | of a member | | | - |
| Signature of a member | OI AUTHOLIZED | 10p1030Ht4tive | | | | |

Page 3 of 3

Filing Fee: \$25.00