

LITUAZARCE

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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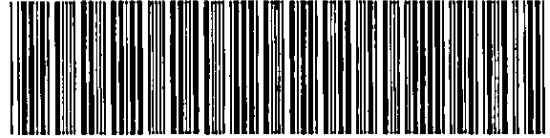
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JAN 29 P 2:30

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D. SCOTT
JAN 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURE AQUA POOL & FOUNTAIN EQUIPMENTS 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:

SEEMA JAIN

Name of Person

AXIOM BUSINESS CONSULTING LLC

Firm Company

13234 TELEOCM DR

Address

TAMPA, FL 33637

City State and Zip Code

SJCPA@AXIOMBUSINESSCONSULTING.COM

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

For further information concerning this matter, please call:

SEEMA JAIN

813 395-0089

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

FILED
2018 JAN 29 PM 2:30

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

PURE AQUA POOL & FOUNTAIN EQUIPMENTS 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 2/20/17 and assigned
Florida document number L17060039268.

This amendment is submitted to amend the following:

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

PURE AQUA POOLS & FOUNTAINS 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)

13234 TELECOM DR, SU 107

TAMPA, FL 33637

Enter new mailing address, if applicable:

(Mailing 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:

AXIOM BUSINESS CONSULTING LLC

New Registered Office Address:

13234 TELECOM DR

Enter Florida street address

TAMPA

City

Florida 33637

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>
			<input type="checkbox"/> Add
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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated January 24 . 2018

Signature of a member or authorized representative of a member

Seema Jain
Typed or printed name of signee