

L17000128609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

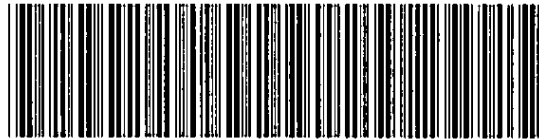
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

O SIMMONS
FEB 10 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Code 3 Pool Service 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:

Dominic R. Collins

Name of Person

Code 3 Pool Service LLC

Firm/Company

9205 N. Mercedes Terr

Address

Crystal River, FL 34428

City/State and Zip Code

code3pools@gmail.com

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

For further information concerning this matter, please call:

Dominic R. Collins

352
at ()

256-6344

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Code 3 Pool Service 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 06/13/2017 and assigned
Florida document number L17000128609.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9205 N. Mercedes Terr

Crystal River, FL 34428

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 640741

Beverly Hills, FL 34464

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:

Dominic R. Collins

New Registered Office Address:

9205 N. Mercedes Terr

Enter Florida street address

Crystal River

City

Florida 34428

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>
CEO	Dominic R. Collins	P.O. Box 640741	<input type="checkbox"/> Add
		Beverly Hills, FL 34464	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
COO	Kelly Thompson	P.O. Box 640741	<input checked="" type="checkbox"/> Add
		Beverly Hills, FL 34464	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dylan Collins	P.O. Box 640741	<input type="checkbox"/> Add
		Beverly Hills, FL 34464	<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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(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 7, 2020

Dominic R. Collins, FF/NRP CEO

Page 3 of 3