

L17000146418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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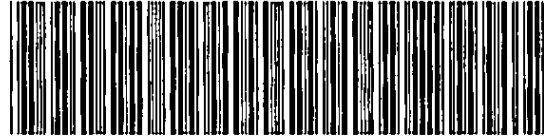
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUL 24 PM 3:40

FILED

JUL 27 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Pool Mechanic 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:

Sami Bousaid
Name of Person

The Pool Mechanic LLC
Firm/Company

5400 Old Tampa Hwy
Address

davenport, fl, 33896
City/State and Zip Code

the Pool Mechanic LLC @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sami Bousaid at (407) 883 2524
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

THE POOL MECHANIC, 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 07/07/2017 and assigned Florida document number L17000146418.

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)

5900 Old Tampa Hwy,
Davenport, FL, 33896

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5900 Old Tampa Hwy,
Davenport, FL, 33896

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:

Sami Bousaid

New Registered Office Address:

5900 Old Tampa Hwy

Enter Florida street address

Davenport

City

Florida

33896

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	SAMI BOUSaid	8290 matisse ST	<input checked="" type="checkbox"/> Add
		Unit # 3209, Champions gte,	<input type="checkbox"/> Remove
		FL, 33896	<input type="checkbox"/> Change
AMBR	Andrew Bass	5900 Old tampa Hwy,	<input checked="" type="checkbox"/> Add
		davenport, FL, 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MANDY BASS	5900 Old tampa Hwy,	<input type="checkbox"/> Add
		davenport, FL, 33896.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILE
2017 JUL 24 PM 4:40
Stone Mountain
TALLAHASSEE FL 32310

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

- NOTES * - Remove manager Mandy Bass.
- Appoint Sami Bousaid registered agent.

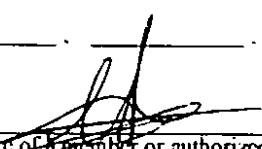
E. Effective date, if other than the date of filing: Date of filing (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 07/18/2017


Signature of member or authorized representative of a member

Sami Bousaid

Typed or printed name of signee

2017 JUL 24 PM 3:40
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
FILED