

L17000201869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

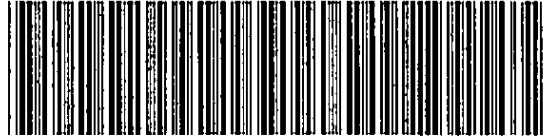
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900310979509

03/27/18--01011--012 **25.00

FILED
18 APR -9 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2018

ALLEN GOODIN
2463 COOLIDGE RD
FT PIERCE, FL 34945

SUBJECT: POOL PERFECTIONS TREASURE COAST LLC
Ref. Number: L17000201869

We have received your document for POOL PERFECTIONS TREASURE COAST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L12000095905.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 018A00006346

RECEIVED
2018 APR -9 AM 11:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pool Perfections Treasure Coast 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:

Allen Goodin
Name of Person

Pool Perfections Treasure Coast LLC
Firm/Company

2463 Coolidge Rd
Address

Ft. Pierce, Florida, 34945
City/State and Zip Code

Allen_Goodin@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen Goodin
Name of Person

... 772 882-0791
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$50.00 Filing Fee & Certificate of Status | ☐ \$50.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$50.00 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
2001 Executive Center Circle
Tallahassee, FL 32301

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

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 _____ and assigned
Florida document number _____

This amendment is submitted to amend the following:

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

~~Florida Pool Tech LLC~~ Sunccast Pool Repair, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

2463 Coolidge Rd
Ft. Pierce, FL, 34945

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:

New Registered Office Address:

Enter Florida street address

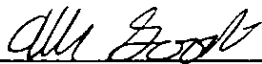
Florida

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 all
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

When adding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

WMGR = Manager
AMRR = Authorized Member

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
18 APR -7
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AM 12
☐ Add
☐ Remove

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

Only changing name of company.
From "Pool Perfections Treasure Coast LLC" to
"~~Florida Pool Tech~~", Sunccast Pool Repair LLC
Allen Goodin

FILED
APR -9 AM 8:12
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 607.01,
document's effective date on the Department of State's records.

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

Dated 3-23-18

Allen Goodin

Signature of a member or authorized representative of a member

Allen Goodin

Typed or printed name of signee