

L17000245303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

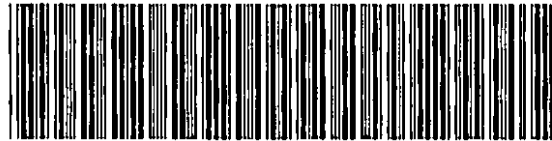
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SALVADOR SEC. FLORIDA

JAN 19 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALOOSA POOL + SPA 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:

VICTOR C NAPIER
Name of Person

CALOOSA POOL + SPA SERVICE LLC
Firm/Company

1263 GOLDEN LAKE Rd Lot 104
Address

FORT MYERS, FL 33905
City/State and Zip Code

VIC.NAPIER @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR NAPIER at (865) 850-4534
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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**

CALOOSA POOL & SPA 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 11/30/2017 and assigned Florida document number L 17000245303.

This amendment is submitted to amend the following:

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

CALOOSA POOL & SPA SERVICE 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)

1263 GOLDEN LAKE Rd
104
FORT MYERS, FL 33905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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STATE OF FLORIDA
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DE

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:

VICTOR C NAPIER

New Registered Office Address:

1263 GOLDEN LAKE Rd # 104

Enter Florida street address

FORT MYERS

City

Florida

33905

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>
MGR	VICTOR C NAPIER	1263 Golden LAKE Rd	<input checked="" type="checkbox"/> Add
		LOT 104 FORT MYERS	<input type="checkbox"/> Remove
		FL, 33905	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALACHUA COUNTY FLORIDA

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

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

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.

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

Dated 1-15-2018

Victor C. Nj

Signature of a member or authorized representative of a member

VICTOR C NAPIER

Typed or printed name of signee

118 JAN 18 PM 2:49
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OFFICE OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA