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D. SCOTT FEB - 7 2013

COVER LETTER

Divi	sion of Corp	porations			
SUBJECT:	Naples Pool	Construction, LLC.			
SOBJECT		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Gary Ouillette			
			Name of Person		
		NJ Screens and home impr	rovement He		
			Firm/Company		
		300 5th Ave. South 57	e 101		
			Address		
		Naples, FL. 34103- 3 4	1102		
			City/State and Zip Code		
		gro1010@yahoo.com		ication 231	77
For further in	formation co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notifi all:		
Gary Ouillett	te		239 315-3989	D P	1,
	Name of	Person	239 315-3989 at () Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25,00 Fi	iling 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:

TO:

Registration Section

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

Naples Pool Construction, 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 1//8/2018 and assigned Florida document number 83-3964717 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NJ Screens and Home Improvement The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: Anthony Chiaradonna Name of New Registered Agent: 5Te 101 300 5th Ave South New Registered Office Address: Enter Florida street address Naples

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>	Address	Type of Action
Ar	Gary Ouillette	874 Coconut Cir. East	Add
		Naples, FL. 34104	■ Remove
			Change
mgr	Gary Ouillette	874 Coconut Cir. East	🛱 Add
		Naples, FL. 34104	Remove
			Change
			☐ Remove
			Change
			Add Remove
		 .	- Afda
			□ Remove □ Change
			Add
			Remove
			Change

N/A				
				
				
				
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				FB
				10 July 1
		1/30/2018		(-1-
	er than the date of fi	iling:	Jan Martin	(optional)
e: If the date insert	ted in this block does n	not meet the applical	ole statutory filing requir	90 days after filing.) Pursuant to 6 ements, this date will not be li
ument's effective d	ate on the Department	of State's records.		المُرْدُ الْمُرْدُ ا
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1/30/2018		12:01a.m.		
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	Signature o		ized representative of a me	mber
	^	Chiarador		

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Filing Fee: \$25.00