

L18000145253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

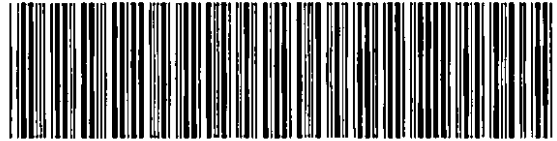
(Business Entity Name)

(Document Number)

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18 JUN 26 AM 10:08
SECRETARY OF STATE
DIVISION OF CORPORATION

N COOPER

JUN 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Econo Pools 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:

Austin Rose
Name of Person

Econo Pools LLC
Firm/Company

13118 Feathersound Dr. Apt 212
Address

Fort Myers, FL, 33912
City/State and Zip Code

aorose.eagle@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin Rose at (239) 270-3948
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**

(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 June 17, 2018 and assigned Florida document number L18000145253.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATE FILINGS
18 JUN 25 AM 10:08

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:

Rose, William O

New Registered Office Address:

13118 Feathersound Dr., Apt 212

Enter Florida street address

Fort Myers

City

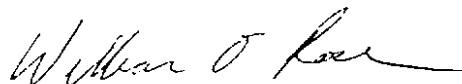
Florida

33919

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>
<u>P</u>	<u>Rose, William O</u>	<u>13118 Feathersound Dr., Apt 212,</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Myers, FL, 33919</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Rose, Austin O, MR.</u>	<u>13118 Feathersound Drive,</u>	<input type="checkbox"/> Add
		<u>Fort Myers, FL, 33919</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Rose, Austin O</u>	<u>13118 Feathersound Dr., Apt 212</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Myers, FL, 33919</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
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		<u></u>	<input type="checkbox"/> Change

DIVISION OF PROBATION
18 JUN 26 AM 10:08

SECRET
DIVISION OF INFORMATION
18 JUN 26 AM 10:08

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.

Dated _____, _____.

William O. Freese

Signature of a member or authorized representative of a member

William O Rose

Typed or printed name of signee