L1800156046

(Re	questor's Name)	
(Ad	dress)	
(Äd	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
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DIVISION OF CHEBORAL OF

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COVER LETTER

TO:	Registration Section División of Corporations
SUBJ	ECT: SUN STATE POOL CARE LLC Name of Limited Liability Company
The cr	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ryan Olwell Name of Person
	Name of Person
	Sun State Pool Care
	5422 Passing Pine Ln
	Address
	Zophyrhills, FL 33541 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Ryan Otwell at 321, 693-8904
	Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$2	5.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \& Certificate of Status \& Certificate of Status \& Certificate Opy (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

SUN STATE POOL C	ARE LLC				
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appear ited Liability Company)	<u>ars on our</u>)	records.)		
The Articles of Organization for this Limited Liability Comp	oany were filed on	June	26,2018	_ and assi	gned
Florida document number L 18000156046					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company l	<u>nere</u> :			
The new name must be distinguishable and contain the words "Limited I	iability Company," the	designatio	n "LLC" or the abbre	viation "L.L	C."
Enter new principal offices address, if applicable:	<u></u>				<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			<u>ප</u>	SE
	<u> </u>				물건 - 클립-
				-2	
Enter new mailing address, if applicable:				<u> </u>	- <u>2</u>
(Mailing address MAY BE A POST OFFICE BOX)				<u>5</u>	
				03	7. T.
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		on our r	ecords, <u>enter th</u>	e name o	of the ne
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Fl	orida stre e i	t address		
			, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	City ent:			Zip Code	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp	agree to act in this				

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	<u>Address</u>	Type of Action
MGR	Ryan Otwell	5422 Passing Place Ln Zephyrhills, FL	X Add
		Zephyrhills, FL	Remove
		37541	Change
			Remove
			Change
			
			Remove
			Change
			□ Remove
			Change
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			☐ Change
			Remove
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	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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(If an o	ctive date, if other than the date of filing:	
	ecord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the 90th day after the record is filed.	e earlier of:
Date	d June 29th 2018	
	Signature of a member or authorized representative of a member	
	·	
	Ryan Otwell Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00