

L19000204179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

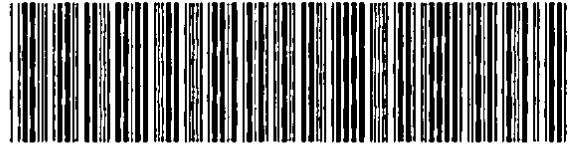
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2019 DEC 18 PM 12:04

D. COLLEEN

CHIEF CLERK

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: AQUARIUS POOL SERVICES LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DUSTEN DOREY

Name of Person

AQUARIUS POOL SERVICES LLC

Firm/Company

250 PALM COAST PARKWAY NE SUITE 607 #515

Address

PALM COAST, FL 32137

City/State and Zip Code

dusten.dorey@gmail.com

E-mail address: (to be used for future annual report notification)

Other information concerning this matter, please call:

DUSTEN DOREY

Name of Person

at (714) 248-1417

Area Code

Daytime Telephone Number

and is a check for the following amount:

\$5.00 Filing 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

AQUARIUS POOL SERVICES LLC

2019 DEC 18 PM 12:04

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on AUGUST 12, 2019 and assigned
Florida document number L19000204179

This amendment is submitted to amend the following:

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

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:

250 PALM COAST PARKWAY NE SUITE 607 #515

Principal office address MUST BE A STREET ADDRESS)

PALM COAST, FL 32137

Enter new mailing address, if applicable:

250 PALM COAST PARKWAY NE SUITE 607 #515

Mailing address MAY BE A POST OFFICE BOX)

PALM COAST, FL 32137

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:

DAWN M. DOREY

New Registered Office Address:

250 PALM COAST PARKWAY NE SUITE 607 #515

Enter Florida street address

PALM COAST

City

Florida 32137

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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

MR = Manager

MBR = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR DUSTIN R DOREY	250 PALM COAST PARKWAY NE	<input type="checkbox"/> Add
	SUITE 607 #515	<input type="checkbox"/> Remove
	PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change
MBR DAWN DOREY	250 PALM COAST PARKWAY NE	<input checked="" type="checkbox"/> Add
	SUITE 607 #515	<input type="checkbox"/> Remove
	PALM COAST, FL 32137	<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
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		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

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

PLEASE REMOVE AMANDA L MANNINGS FROM REGISTERED
AGENT POSITION AND ANY/ALL POSITIONS

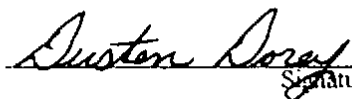
Effective date, if other than the date of filing: _____ (optional)

If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filing.

Effective date: d DECEMBER 14 2019



Signature of a member or authorized representative of a member

DUSTEN R DOREY

Typed or printed name of signee