

L23 000410371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

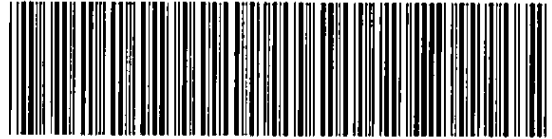
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FL

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

[Handwritten signature]

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 09/14/23

NAME: BRUNO FAMILY POOLS LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

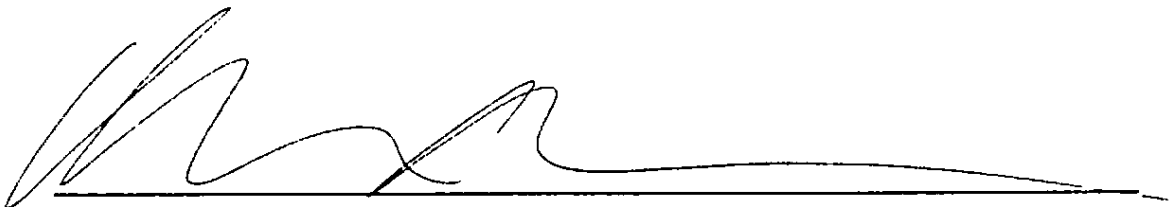
RETURN: PLAIN COPY PLEASE

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CLERK OF COURT
TALLAHASSEE, FL

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2023

FLORIDA FILING & SEARCH SERVICES

SUBJECT: BRUNO FAMILY POOLS LLC
Ref. Number: L23000410371

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

We have received your document for BRUNO FAMILY POOLS LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

"Owner" is not an acceptable title. Please list the addresses properly on the lines for each authorized person listed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 223A00020860

Please keep original filing date
Thank you :)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bruno Family 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:

Pasquale Bruno

Name of Person

Bruno Family Pools LLC

Firm/Company

3665 Schoolhouse Rd Unit 306

Address

Fort Myers, Florida 33916

City/State and Zip Code

brunopasquale0184@yahoo.com

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

STATE OF FLORIDA
TALLAHASSEE, FL

2023 SEP 12 PM 1:06

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For further information concerning this matter, please call:

Pasquale Bruno

856

362-7027

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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. Monroc Street, Suite 810
Tallahassee, FL 32303

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

Bruno Family Pools 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 September 1, 2023 and assigned
Florida document number L23000410371.

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.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3665 Schoolhouse Rd

Unit 306

Fort Myers, Florida 33916

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3665 Schoolhouse Rd

Unit 306

Fort Myers, Florida 33916

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:

New Registered Office Address:

3665 Schoolhouse Rd Unit 306

Enter Florida street address

Fort Myers

City

Florida 33916

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	Pasquale Bruno	3665 Schoolhouse Rd	<input checked="" type="checkbox"/> Add
		Unit 306	<input type="checkbox"/> Remove
		Fort Myers, Florida 33916	<input type="checkbox"/> Change
AMBR	Meghan McCarthy	3665 Schoolhouse Rd	<input checked="" type="checkbox"/> Add
		Unit 306	<input type="checkbox"/> Remove
		Fort Myers, Florida 33916	<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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TALLAHASSEE, FL

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

FILED

2023 SEP 12 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FL

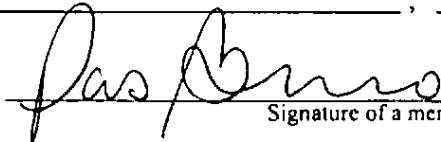
E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 document's effective date on the Department of State's records.

If the 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 record is filed.

Dated September 8, 2023



Signature of a member or authorized representative of a member

Pasquale Bruno

Typed or printed name of signee