

L23000438293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

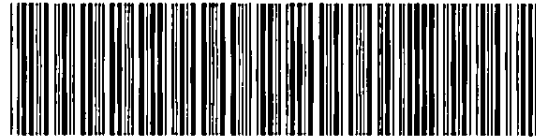
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200416677652

2023 OCT -2 PM 12:40

CLERK OF COURT
JANET L. BROWN, CLERK

RECEIVED
2023 OCT -2 PM 3:31
CLERK OF COURT
JANET L. BROWN, CLERK

10/02/23
R. HUNT

FLORIDA CAPITAL COURIER SERVICES, INC

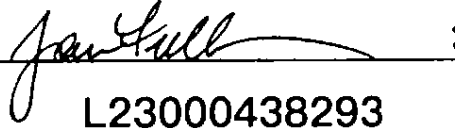
2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$60.00

Authorization Signature:

 :

FL NATIVE POOL SERVICE, LLC

L23000438293

BUSINESS NAME

DOCUMENT #

☒ **X_Certified Copy**

☒ **X_Certificate of Status**

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ LLLP
- ☐ CORP
- ☐ Other
- ☐ Other

OTHER FILINGS

- ☐ Apostille
- ☐ Country
- ☐ Annual Report
- ☐ Fictitious Name

AMMENDMENTS

☒ **X_Amendment**

- ☐ Resignation of R.A. Officer/Director
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ Articles of Conversion
- ☐ Restated Articles of Incorporation
- ☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
- ☐ Reinstatement
- ☐ Qualification
- ☐ Other

2023 OCT -2 PM 12:40
DATE OF FILING
STATE OF FLORIDA

EXAMINER'S INITIALS:_____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FL Native Pool Service, 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:

Wayne T. Smith

Name of Person

FL Native Pool Service, LLC

Firm/Company

17900 Corpus Christi Dr.

Address

Sprint Hill, FL 34610

City/State and Zip Code

bskfinancial@aol.com

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

For further information concerning this matter, please call:

Wayne T. Smith

941
at ()

993-4512

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. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
DIVISION OF CORPORATIONS
2023 OCT -2 PM 12:40

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

FL Native Pool Service, 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 9/20/2023 and assigned
Florida document number 123000438293.

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 "LLC."

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)

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:

Enter Florida street address

Florida

City

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>
AMBR	Wayne T. Smith	17900 Corpus Christi Dr	<input checked="" type="checkbox"/> Add
		Spring Hill, FL 34610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bernard T. Skerkowski	17900 Corpus Christi Dr	<input type="checkbox"/> Add
		Spring Hill, FL 34610	<input checked="" type="checkbox"/> Remove
			<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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2023 OCT + 2 PM 12:40

11-11-11

(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)

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 October 2, 2023

Wayne T. Smith
Signature

Signature of a member or authorized representative of a member

Wayne T. Smith

Typed or printed name of signee