

123000456123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

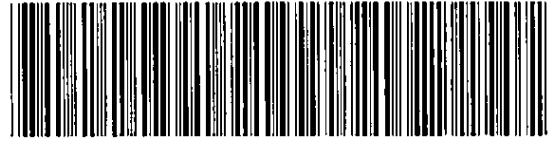
(Document Number)

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Special Instructions to Filing Officer:

J. HORNE  
OCT 17 2023

Office Use Only



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10/09/23--01020--004 \*\*55.00

FILED  
23 OCT -9 PM 5:27  
HALL COUNTY CLERK  
HALL COUNTY, GEORGIA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Your Pool Guy 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:

Nico J. Shampine  
\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company  
  
1545 Barber Street  
\_\_\_\_\_  
Address  
  
Sebastian, Florida 32958  
\_\_\_\_\_  
City/State and Zip Code  
  
nicoshampine@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nico J. Shampine  
\_\_\_\_\_  
Name of Person  
  
772 584-1272  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Your Pool Guy LLC

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

FILED  
23 OCT -9 PM 5:27  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/03/2023 and assigned  
Florida document number L23000456123.

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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>
MGRAM	Nico J. Shampine	1545 Barber Street, Sebastian, FL 32958	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CFE LLC	1545 Barber Street, Sebastian, FL 32958	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Diane M. Shampine	1545 Barber Street, Sebastian, FL 32958	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rocky V. Shampine	1545 Barber Street, Sebastian, FL 32958	<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Remove

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 10/06/2023 (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 October 6, 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Diane M. Shampine

Typed or printed name of signee

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\_\_\_\_\_  
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Firm/Company

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\_\_\_\_\_  
Address

Sebastian, Florida 32958

\_\_\_\_\_  
City/State and Zip Code

nicoshampine@gmail.com

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

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Nico J. Shampine

772 584-1272

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32304-6327

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
1000 North Florida Avenue  
Tallahassee, Florida 32301

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Signature of a member or authorized agent

Diane M. Shampine

**Filing Fee: \$25.00**