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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Eusiness Link; Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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DIVISION OF CONTOPATIONS

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| ZIIN IECT. | Tropical Pool & Filt | er LLC | | | |
|-----------------------------|---|--|--|--|--|
| SUBJECT: | Name of Limi | ted Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are subt | nitted for filing. | | | |
| Please return all correspo | indence concerning this matter | to the following: | | | |
| | Lawrence Hull | | | | |
| | | Name of Person | | | |
| | Tropical Pool & Filter LLC | | | | |
| | | Firm/Company | <u></u> | | |
| | 10779 Paso Fino Dr. | | | | |
| | Address | | | | |
| | Lake Worth, Fl. 33449 | | | | |
| | | City/State and Zip Code | | | |
| | larzhullh2o@gmail.com | : | | | |
| | E-mail address: (1 | o be used for future annual report notif | fication) | | |
| For further information c | oncerning this matter, please co | dl: | | | |
| Lawrence Hull | | 561 541-7567 | | | |
| Name o | if Person | at () Area Code Daytime | e Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing/Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | | omb demission. | ED ADDDEW | | |

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

| Tropical Pool & Filter LLC | | |
|---|---|------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited) | ny as it now appears on our records Liability Company) |) |
| The Articles of Organization for this Limited Liability Company | were filed on <u>09/02/2014</u> | and assigned |
| Florida document number 1.14000136980 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Tropical Water Filter LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity 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) | | SI SI TI |
| | | οω |
| | | s m |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| maning united both | | |
| | | · |
| B. If amending the registered agent and/or registered o | ffice address on our records, | enter the name of the ne |
| registered agent and/or the new registered office address her | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flo | rida |
| | 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 **Type of Action** Address <u>Title</u> **Name** _□ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove _□ Change ☐ Remove _□ Change

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| Effec | tive date, if other than the date of filing: (optional) |
| Note: | flective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| docur | nent's effective date on the Department of State's records. |
| | |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the earlier of the same of the record is filed. |
| | , |
| Dated | July 28. 2017. Sew Dell |
| | 12001 |
| | Signature of a member or authorized representative of a member |
| | Signature of authorized representative of a member |
| | |

D.

Page 3 of 3

Filing Fee: \$25.00