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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

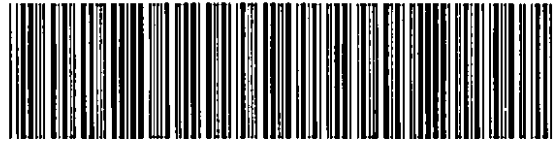
(Business Entity Name)

(Document Number)

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Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2019

HELEN AMANDA CRAWFORD
POOL CHICS LLC
PO BOX 352
CLEWISTON, FL 33440

SUBJECT: POOL CHICS LLC
Ref. Number: L15000022841

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

ON PAGE 3 OF 3, PLEASE DATE THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 119A00005807

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

Pool Chics 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 2/05/2015 and assigned Florida document number L15000022841.

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)

Helen Amanda Crawford
205 Taft Blvd
Clewiston Fl 33440

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Helen Amanda Crawford
PO Box 352
Clewiston Fl 33440

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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: Helen Amanda Crawford
New Registered Office Address: 205 Taft Blvd
Enter Florida street address
Clewiston, Florida 33440
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.

Helen Amanda Crawford
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 | Christine Stewart | 1723 John Road Clewiston Fl. 33440 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Lori Fox | 1723 John Road Clewiston Fl 33440 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Helen Amanda Crawford | 205 Taft Blvd Clewiston Fl 33440 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Gary William Crawford | 205 Taft Blvd Clewiston Fl 33440 | <input checked="" type="checkbox"/> Add |
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