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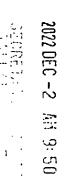
(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor			
SHRIECT.	RONNOU SNO	ows Pool Patrol ited Liability Company	LLC
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	endence concerning this matter	<u> </u>	
	Ron	Ald Suow Name of Person	
	Ronny	Firm/Company	of LCC
	3118 3. 6	Address	
	Palm Har	Address Address City/State and Zip Code Address City/State and Zip Code A 25 200/20170/. City be used for future annual report notificall:	2022 DEC SECRET
For further information o	E-mail address: (y \(\sqrt{S} \) \(\sqrt{S} \) \(\sqrt{O} \) \(\sqrt{C} \) \(\sqrt{O} \) \(\	cation)
_	oncerning this matter, prease e	an.	
Name o	14 Jnow Person	at (<u>\$13</u>) <u>\$92 -</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address: Registration Sect	tion
Division of C	Corporations	Division of Corp	orations
P.O. Box 632		The Centre of Ta	allahassee Street, Suite 810
Tallahassee, I	FL 32314	4410 IN, IVIOIITOE	Succi, Suite oil

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Konny Snows Pe	od Patrol LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on ou imited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Conforda document number		12015	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designati	on "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	<u></u>		
			202
		三	DE(
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		-4;	
-			335 grand
	·	:	<u>ជា</u>
B. If amending the registered agent and/or registered on a gent and/or the new registered office address here:	office address on our records	, enter the name of	the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	
		Florida	
	City	Z	ip 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 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>	Address		Type of Action
				□Add
				□Remove
				□Change
				□Add
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ve date, if other than t etive date is listed, the date n if the date inserted in this ent's effective date on the	block does not meet the	e applicable statute	ling or mor ory filing	(0 e than 90 days a requirements,	ptional) ifter filing.) Po this date wil	irsuant to 60 I not be lis
l specifies a delayed effec ed.	tive date, but not an effi	ective time, at 12:0)1 a.m. or	the earlier of	(b) The 9	0th day afto
11/27/2=	2					
	4	/				
	Signature of a member					