(((H23000226684 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future and address please.* mail Address:

LLC A	MND/RES	TATE/CO	RRECT	OR M/M	IG RES	SIGN
į	THE POO	DL MAN (OF THE	KEYS, L	LC	

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help T. LEMIEUX JUN 2 7 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3	•,	
THE POOL MAN OF THE KEYS, LLC	•	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)	
of Organization for this Limited Liability Company were f	Sled on 09/17/2019	and a

	, , , , , ,	
The Articles of Organization for this Limited L	iability Company were filed on <u>09/17/2</u>	2019 and assigned
Florida document number <u>L19000234228</u>	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
BDB Pool Holdings LLC		
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	ahle:	
(Principal office address MUST BE A STREE	· · · · · · · · · · · · · · · · · · ·	
The state of the s		
Enter new mailing address, if applicable:		
	PO13	
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or r	egistered office address on our records	enter the name of the new registered
agent and/or the new registered office addre		enter the name of the new registered
Name of New Registered Agent:	Registered Agents Inc	<u> </u>
New Registered Office Address:	7901 4th St N STE 300	2023
	Enter Florida stree	ı address
	St. Petersburg	, Florida _33702
	City	Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:	2 HK
I hereby accept the appointment as registere	ed agent and agree to act in this capaci	v. I further agree to comply with the
provisions of all statutes relative to the prop	er and complete performance of my du	ies, and I am familiar with and
accept the obligations of my position as regi		
being filed to merely reflect a change in the company has been notified in writing of this		orm that the limited liability
	The state of the s	<u></u>
) and X	aborts.
	If Changing Registered Agent Slor	inforce 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>	Address	Type of Action
			□Add
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			Change
			□Add
			Remove
			Change
			
			□Remove
			□ Change

	
_	
	
····	
·	
Effective date, if	other than the date of filing: (optional)
	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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ive date on the Department of State's records.
	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
Dated June 2	<u>6</u>
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Robin Jones
	Typed or printed name of signee

Filing Fee: \$25.00