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COVER LETTER

Tallahassee, FL 32314

TO:

TO: Registration Division of	n Section Corporations		
SUBJECT:	oand Pollor Poo	L Service LLC	
<u></u>	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	RAYMOL	Name of Person	
	Sand c	Jollar Pool Se	ervi ce
	12325 8	Address Address	
	West Pal	M Beach City/State and Zip Code	
	24 Sea W E-mail address: (t	o be used for future annual report noti	COM_
For further information	on concerning this matter, please ca	ıll:	
_ RAY	ne of Person	at (443) 790	-0721
Nar	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check fi	or the following amount:		
□ \$25.00 Filing Fee	S30.00 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)
	on Section f Corporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 6	5327	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	U	Γ		Ţ		
Sand Poller						F11.7
(Name of the Limited L (A F	iability Compa lorida Limited I	ny as it now appe: .iability Company)	ars on our rec		, * 	
The Articles of Organization for this Limited Liabil Florida document number <u>L 19000 27</u>		were filed on _	NOV 5	24 4900	and a	ssigned 기
This amendment is submitted to amend the following	រតិ:					
A. If amending name, enter the new name of the	limited liab	ility company h	<u>iere</u> :			
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the	designation "l	.LC" or the abbi	reviation "	L.L.C.''
Enter new principal offices address, if applicable	·:	12325 West	8914	PLN		
(Principal office address MUST BE A STREET A	DDRESS)	west	Palm	B-each	FL	33412
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX	<u>v</u>			· · · ·		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		iddress on our	records, <u>ent</u>	ter the name	of the n	ew registered
Name of New Registered Agent:	Denis	e Auc	(Le150N			
New Registered Office Address:	1232	Se ANO S 89 Enter Flo	rida street add	tress		
		Film Ben				(<u>)</u>

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.

City

Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
duner	Devise Anderson	17392 88 pr Dr N	[T] v dd
			□Remove
			☐ Change
			□ Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
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(If an effe <u>Note:</u> 1	we date, if other than the date of filing:)7 (3) is the
(b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
Dated_	11/25/2019	
	Signature of a member of authorized representative of a member	
	Raymond Kins Typed or printed name of signee	

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