

L21 000012126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAR -7 PM 2:49
CORP. SERVICES DIV.
STATE OF NEW YORK

Name Change

MAR 16 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top Notch Pools LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan H. Silberberg
Name of Person

Top Notch Pools LLC
Firm/Company

2470 Waterside Dr
Address

Lake Worth, FL, 33461
City/State and Zip Code

Honeymoonpools@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan H. Silberberg at (561) 667-9457
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
2022 MAR -7 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 MAR -7 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FL

February 8, 2022

BRYAN H SILBERBERG
TOP NOTCH POOLS LLC
2470 WATERSIDE DR
LAKE WORTH, FL 33461

SUBJECT: TOP NOTCH POOLS LLC
Ref. Number: L21000012126

We have received your document for TOP NOTCH POOLS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing
Senior Section Administrator

Letter Number: 022A00003086



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

Top Notch Pools LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 MAR -7 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/4/21 and assigned Florida document number L21000012126.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Honeymoon Pool B SPAS LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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