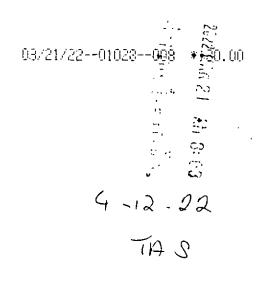
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Office Use Only



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March 11, 2022

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Registration Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

RE: Ruth Boaz Testament, LLC

To Whom It May Concern:

Enclosed with this letter please find the following:

- 1. Articles of Amendment to Articles of Organization.
- 2. A check for \$30.00 for the Filing Fee and Certificate of Status.
- 3. A pre-addressed envelope.

Please file and return the certificate to me in the enclosed envelope. If you have any questions or concerns regarding this filing please call me at 800-706-4741.

Sincerely yours,

Mary Lisa Williams Authorized Representative

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Lisa Williams | R SUBJECT: | uth Boaz To | estatment, LLC | | |
|--|------------------|--------------|---------------------------------|------------------------------------|-------------------------|
| Please return all correspondence concerning this matter to the following: Mary Lisa Williams | SUBJECT: _ | | Name of Limi | ted Liability Company | . |
| Name of Person | | | | | |
| Firm/Company 3225 McLeod Drive, Suite 100 Address Las Vegas, NV 89121 City/State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Lisa Williams at (| | | Mary Lisa Williams | | |
| Address Las Vegas. NV 89121 City/State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Lisa Williams 800 706-4741 at (| | | | Name of Person | ··· |
| Las Vegas, NV 89121 | | | | Firm/Company | |
| City/State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) | | | 3225 McLeod Drive, Suite | 100 | |
| City/State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Lisa Williams at (| | | | Address | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Lisa Williams 800 706-4741 at (| | | Las Vegas, NV 89121 | | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Lisa Williams 800 706-4741 at (| | | | City/State and Zip Code | |
| For further information concerning this matter, please call: Mary Lisa Williams | | | _ | | |
| Mary Lisa Williams 800 706-4741 at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy | | | E-mail address: (| to be used for future annual repor | t notification) |
| Name of Person Area Code Daytime Telephone Number | For further info | ormation cor | neerning this matter, please ea | all; | |
| Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee S30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy | Mary Lisa Wil | liams | | | 11 |
| ☐ \$25.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status | | Name of I | erson | | sytime Telephone Number |
| Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy | Enclosed is a cl | heck for the | following amount: | | |
| | □ \$25.00 Fili | ing Fee | | Certified Copy | Certificate of Status & |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations | Regis | stration Se | ection | Registration | Section |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ruth | Boaz Testament, LLC | |
|--|--|---|
| (Name of the Limited Liability (A Florida I | Company as it now appears on o Limited Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 02/24/20 | one and assigned |
| Florida document number L22000098675 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| Brightwater Pool Concierge Services, LLC | | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designa | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | ESS) | |
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| Enter new mailing address, if applicable: | | |
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| (Mailing address MAY BE A POST OFFICE BOX) | | 70 |
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| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our record | s, enter the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida str | oot address |
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| | City . | , Florida Zip Code |
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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> | Address | Type of Action |
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| effective da | ite is listed, the date must be spe | ecific and cannot be prior t | o date of filing or more t | optional) han 90 days after filing | g.) Pursuar | nt to 605.0 |
| | ate inserted in this block do fective date on the Departm | | ble statutory filing red | quirements, this date | 2 will not | t be listed |
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| ord specif filed, | ies a delayed effective date, | but not an effective tir | ne, at 12:01 a.m. on th | ne earlier of: (b) T | he 90th d | lay after t |
| A. | March 11 | 2022 | | | | |
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| | Signat | ure of a member or author | rized representative of a | meniber | | |
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