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# COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
	LOOKUS I	LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	emitted for filing		
			_		
Please return	all correspo	ondence concerning this matter	to the following:		
		ADRIAN ALEMAN MAI	RTINEZ		
			Name of Person		
		LOOKUS LLC			
			Firm/Company		
		4522 W VILLAGE DR ST	TE 551		
			Address	<u></u>	
		TAMPA, FL 33624			
			City/State and Zip Code		
		h-mail addras e	to be used for future annual report	antiloution)	
For further in	eformation c	oncerning this matter, please c	·	in in the state of	
ADRIAN AI	LEMAN MA	ARTINEZ	813 585-2552	2	
	Name o	f Person	at () Area Code Day	stime Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25,00 F		-	□ esson color e	□ \$60.00 P.H P	
C 255,00 r	ımığ rec	■ \$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 Address:		Street Address			
Registration Section			Registration Section		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
				of Tallahassee aroe Street, Suite 810	
Tallahassee, FL 32314		2410 IN. MOI	noc street, suite 810		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOOKUS LLC			
( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L22000139538	iability Company	were filed on 03/20/2022	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	oility company here:	
BIG SHARK POOL SERVICES LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity 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)		4522 W VILLAGE DR #551	
		TAMPA, FL 33624	. ,
	<del>_</del>		
		-	
Enter new mailing address, if applicable:		4522 W VILLAGE DR #551	
(Mailing address MAY BE A POST OFFICE	BOX)	TAMPA, FL 33624	·
			.?
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office : ss here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	ADRIAN ALE	MAN	
New Registered Office Address:	4522 W VILLA	AGE DR #551	
		Enter Florida street address	
	TAMPA	, Florid	a 33624
	-	Ciry	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>	Type of Action
MGR	ADRIAN ALEMAN	4522 W VILLAGE DR #551, TAMPA, FL 33624	□Add
			□Remove
			□Change
			🗆 Add
		<del></del> .	□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

# Page 2 of 3

(If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b) The 90th day after the record is filed.  Dated	). If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Signature of a member of authorized representative of a member		
	Dated	
		Signature of a member of authorized representative of a member
ADRIAN ALEMAN MARTINEZ  Typed or printed name of signee	_	ADRIAN ALEMAN MARTINEZ

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Filing Fee: \$25.00