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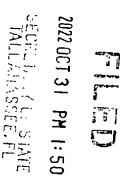
(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAI	L
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Special Instructions to Filing Officer:	
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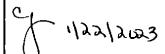
Office Use Only



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COVER LETTER

Division of Co		•
153.500.000	SAYADOFF POOL SERVCE I	LLC
Ј ВЈЕСТ :	Name of Lin	nited Liability Company
he enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.
lease return all corresp	ondence concerning this matter	to the following:
	ROBERT ROSS	
		Name of Person
	COASTAL ACCOUNTIN	NG & TAX ADVISORS
		Firm/Company
	20 W. NORVELL BRYA	NT HWY
		Address
	HERNANDO, FL 34442	
		City/State and Zip Code
	ROBERT@ACCOUNTING	GTAXADVISORS.COM (to be used for future annual report notification)
For further information	concerning this matter, please c	,
ROBERT ROSS	γ	352 418-0829
	of Person	at () Area Code Daytime Telephone Number
Name	OF F CESOII	Area Code Daytine Perephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 OCT 31 PM 1:50

DANIEL SAYADOFF POOL SERVCE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on SEPT 28, 2022 and assigned lorida document number [L22000421334 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: DANIEL SAYADOFF POOL SERVICE LLC 'he 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 <u>_</u> City 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
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ective date, if other than the officetive date is listed, the date must exact the date date inserted in this blooment's effective date on the De	be specific and cannot be prior to d ck does not meet the applicable	late of filing or more than e statutory filing requir	90 days after filing.) Pursuant to 6	605.0207 (isted as t
cord specifies a delayed effective offied.	date, but not an effective time,	, at 12:01 a.m. on the e	arlier of: (b) The 90th day a	fter the
SEPT 29	2022			
ed ==	·			
ed SETTE				
	Signature of a member or authorize	ed representative of a mer	nber	

Filing Fee: \$25.00