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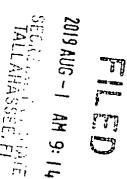
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(Document Number)
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## **COVER LETTER**

SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Chris A Stroleny		
	Bahama Blue Pool Service.	Name of Person	
	5300 Baker Ave	Firm/Company	
	Orlando, FL 32833	Address	
	Chris@ChrisStroleny.com	City/State and Zip Code	
For further information of	E-mail address: (t	o be used for future annual report notifi ll:	cation)
Chris A Stroleny		407 435-5160 at ()	
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$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:

Registration Section

**Division of Corporations** 

TO:

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

## STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baham Blue Pool Service, LLC			·
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	on our recorus.)	
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{L07000023138}{L07000023138}$	pany were filed on 3/1/2	2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
		<u></u>	019
Enter new mailing address, if applicable:		LLAHASS	AUG -
(Mailing address MAY BE A POST OFFICE BOX)		्रा (गः,	
		Jan.	<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter t	he name of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	da street address	
		mt.	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	zent:		

company has been notified in writing of this change.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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

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 ad or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Terri L. Beckner-Stroleny	5300 Baker Ave Orlando, FL 32833	<b>=</b> Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			Change
			☐ Remove
			Change
		<del></del>	Remove
			☐ Change
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	7/20/2016
D D.CC	7/30/2019
C. Luce	e date, if other than the date of filing:
Note:	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	it's effective date on the Department of State's records.
	·
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The	Oth day after the record is filed.
Dated	ly 30 2019
Dated	<u>,                                     </u>
	Chin W Malans
	Signature of a member or authorized representative of a member
	Chris A Stroleny
	Typed or printed name of signce

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00