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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
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D. BRUCE NOV 01 2011 EXAMINER

COVER LETTER

TO:

Registration Section

| Division of C | Corporations | | | | | |
|--|--|---|-------------------------------|------------------|---------|---|
| SUBJECT: | Life Aq | uatic Pools LLC | | | | |
| | Name of Lin | Name of Limited Liability Company | | | | |
| The enclosed Articles | of Amendment and fee(s) are su | ubmitted for filing. | | | | |
| Please return all corre | spondence concerning this matte | er to the following: | | | | |
| | | Zachary Beck Graben | | | | |
| | Name of Person | | | | | |
| | Life Aquatic Pools LLC | | | | | |
| | | Firm/Company | | | | |
| | 5211 Finisterre Drive | | | | | |
| | | Address | | IAL SEC | = | |
| | Panam | na City Beach/Florida, 3240 | 8 | RETARY AHASSE | | |
| | City/State and Zip Code | | | | | |
| | | Beck.Graben@Gmail.com E-mail address: (to be used for future annual report notification) | | | | |
| For further information | n concerning this matter, please | · | neation) | STATE FLORID | PH 30 0 | 0 |
| | | can. | | DA A | | |
| Zachary Beck Graben Name of Person | | at (850) | 2382909 | | , | |
| Nam | e of Person | Area Code & Daytin | ie Telephone Numbe | er | | |
| Enclosed is a check for | r the following amount: | | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | l) Certifie | ate of St | atus & | |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32 | on rations enter Circle | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Life Aquatic | | | | | | |
|---|--|--|--------------------------|--------------------|------------|--|--|
| (Name of the Limite | d Liability Compa A Florida Limited l | iny as it now appear Liability Company) | s on our records.) | | | | |
| The Articles of Organization for this Limited Florida document number | Liability Company | / | 1/02/10 | and assi | gned | | |
| This amendment is submitted to amend the fo | llowing: | | | | | | |
| A. If amending name, enter the new name | of the limited liab | oility company her | <u>e</u> : | | | | |
| | Jelly Graph | nics LLC | | | | | |
| The new name must be distinguishable and end w"L.L.C." | rith the words "Lim | ited Liability Compa | ny," the designation | "LLC" or the ab | breviation | | |
| Enter new principal offices address, if appl | icable: | N/A | | | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | Pro = | | | |
| | | | | | Π | | |
| | | | | 31 (AR) (AS) | | | |
| Enter new mailing address, if applicable: | | N/A | | <u> </u> | T | | |
| (Mailing address MAY BE A POST OFFICE | E BOX) | | | FL S | <u>フ</u> | | |
| | | | | PATE OL | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | · · | | ur records, <u>enter</u> | the name of | the new | | |
| Name of New Registered Agent: | N/A | | | | | | |
| New Registered Office Address: | N/A | | | | | | |
| | | Enter Florida street address | | | | | |
| | | N/A | | N/A | | | |
| | | 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 608-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 the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM- Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Beck K Graben
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00