L1100000834163

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	İ
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03/27/24 -01023--007 **25.00



COVER LETTER

TO:

TO: Registration Sc Division of Cor			
	UP SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CAMILO AVILA, CPA		
		Name of Person	
	BONNEAU ACCOUNTIN	NG SERVICES	
		Firm/Company	
	1015 W INDIANTOWN F	RD, STE 202-A	
	_	Address	
	JUPITER, FL 33458		
		City/State and Zip Code	
	CAMILO@BONNEAUCP		
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
CAMILO AVILA		561 747-0160 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (Street Address: Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT .. TO ARTICLES OF ORGANIZATION

ONE GROUP SERVICES LLC

2024 HAR 27 AM 10: 22 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{07/20/2011}{1}$ and assigned Florida document number _____111000083463 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NEW AGE POOLS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

_. Florida _

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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
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			□Add
			□Remove
			□ Change

erc.	ting data if ather than the data of Elican
If an e	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
docui	nent's effective date on the Department of State's records.
ne reco ord is f	rd 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 filed.
	MARCH 20th 2024
Date	
Dated	··

Filing Fee: \$25.00

Typed or printed name of signee