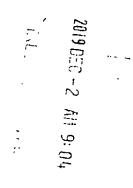
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COVER LETTER

| TO: | Registration Sec Division of Cor | | | | | | |
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| annin | | . GUYS OF TAMPA BAY, LL | С | | | | |
| SUBJEG | ul: | Name of Limited Liability Company | | | | | |
| The encl | losed Articles of | Amendment and fee(s) are subr | nitted for filing. | | | | |
| Please re | eturn all correspo | ndence concerning this matter t | o the following: | | | | |
| | | ANTHONY F ARREDON | DO | | | | |
| | | | Name of Person | | | | |
| | | THE POOL GUYS OF TA | MPA BAY, LLC | | | | |
| | | | Firm/Company | | | | |
| | | 405 S DALE MABRY HW | YY, #302 | | | | |
| | | Address | | | | | |
| | | TAMPA, FL 33609 | | | | | |
| | | City/State and Zip Code | | | | | |
| | | thepoolguysoftampa@gmai | l.com o be used for future annual report notificat | ion | | | |
| For furt | her information c | oncerning this matter, please ca | | , | | | |
| | | | 813 784-2556 | | | | |
| Name of Person | | | at () | lephone Number | | | |
| | Name o | r rerson | Alea Code Dayuna Te | перионе тчиност | | | |
| Enclose | d is a check for th | he following amount: | | | | | |
| □ \$25 | .00 Filing Fee | S30.00 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 Addres Registration S | | Street Address: Registration Section | วท | | | |

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

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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> | Name | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| vote: | ive date, if other than the date of filing: 12/01/2019 (optional) |
| e rec The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| ated | |
| | |
| | |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00