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DIVISION OF CORPORATION

DIVISION OF CORPORATION

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R. HUNT 03/07/23

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Taylor F	Pools LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		_
	Leav	nne Taylor Name of Person		2023 MAR - 7 PM 12: 40
	Taylor	Pools LLC Firm/Company		7 PM12
	6742 For	rest Hill Blva	# 268	. t 0
	West Pal	Im Beach, F City/State and Zip Code Oy 10 1179	L 33413	m
	E-mail address: (to be used for future annual report not	ification)	(11)
For further information co	oncerning this matter, please ca	all:		
Matthew Name of	N Taylor	at (<u>631)</u> 830 Area Code Daytir	8-8442 ne Telephone Number	-
Enclosed is a check for th	e 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 Fe Certificate of St Certified Copy (additional copy is a	atus &
Mailing Addres Registration S	Section	Street Address: Registration Se		
Division of C P.O. Box 632		Division of Co The Centre of	•	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 Name of the L	Pools	LLC		
(Naghe of the L	imited Liability Compa (A Florida Limited I	ny ay it now appears on o jability Company)	ur records.)	
The Articles of Organization for this Limite Florida document number <u>L/20C</u>	d Liability Company	were tiled on	/13/20	12 and assigned
This amendment is submitted to amend the	following:			
A. If amending name, enter the new name Taylor Pools at the new name must be distinguishable and contain to				heriano III C''
Enter new principal offices address, if ap		ny Company, the designat	ion LLC ortheat	2023
(Principal office address MUST BE A STR				MAR SIGN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>CE BON)</u>	~/4		CCAPERATIONS -7 PH 12: 40
B. If amending the registered agent and/o agent and/or the new registered office ado		ddress on our records	, <u>enter the nam</u>	c of the new registered
Name of New Registered Agent:	Rochet L	awyer Corp.	orate Ser	rvices LLC
New Registered Office Address:	155 0	Frice Plaza	2 Drive	rvices LLC
	Talla	hassee	, Florida	32301

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Salna Wisson
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>	<u>Name</u>	Address	Type of Action
			☐Add
			□Remove
			□Change
			□Add
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			DEVISION ET CSERVIS DE SE CSER
		· · · · · · · · · · · · · · · · · · ·	□Change
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an effective date is li	other than the date of f sted, the date must be specifi serted in this block does t	ic and cannot be prior	to date of filing or mo	coption (option) re than 90 days after fil requirements, this d	ling.) Pursuant to	605.02 listed
ocument's effective	e date on the Department	of State's records.		1		
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Enclosed

) LLC Reinstatement 2) articles of amendment

3) Chech # 25.00 Filing Fee LLP CHA 100,00 Reinstatement E 138.75 x 4 555.00 annual Report Fe

\$680.00