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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2024 DEC -3 AHII: 30
SECRETARY OF STATE
TALL APASSES TATE

## **COVER LETTER**

	tion Sect of Corpo				
	e Aces Po	ol Service, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Arti	cles of Aı	nendment and fee(s) are sub	mitted for filing.		
Please return all c	orrespond	ence concerning this matter	to the following:		
		Michael Barton			
			Name of Person		
		Blue Aces Pool Service, L.	LC		
			Firm/Company		<del></del>
		6204 Kenava Loop			2024 SEC
			Address		
		Palmetto, FL 34221			2024-DEC -3 AM 11: 30 SEGRETARY OF STATE STALLAHASSEE, FL
		, , , , , , , , , , , , , , , , , , , ,	City/State and Zip Code	2	
		blueacespoolservice@gmail			<u> </u>
Conformation in form	ation as-		to be used for future annua	d report notification)	30 30
ror turner inform	iation con	cerning this matter, please co	aii:		
Michael Barton			727 ·	418 3543	
	Name of P	erson	Area Code	Daytime Teleph	one Number
Enclosed is a chec	ck for the	following amount:			
■ \$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Address: ation Se	ction		Address: ration Section	
		porations	<del>_</del>	on of Corporation	ons
	ox 6327	20214		entre of Tallaha	
Tallaha	ssee, FL	. 32314	2415 N	N. Monroe Stree	et, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Aces Pool Service, LLC		
(Name of the Limi	ted Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited L Florida document number L12000131537		and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and contain the v	nords "Limited Lighility Company" the designation "	U.C. or the abbreviation     C.
Enter new principal offices address, if applic	cable:	ALL LAH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	70 To 17 30
B. If amending the registered agent and/or agent and/or the new registered office addre		nter the name of the new registered
Name of New Registered Agent:	Michael Barton	
New Registered Office Address:	Enter Florida street ac	ddress
		, Florida
	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 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.

Michael Barton

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	<u>Address</u>	Type of Action
MGRM	Steve Jones	6204 Kenava Loop, Palmetto, FL 34221	□Add
			<b>≡</b> Remove
			□Change
MGRM	Michael Barton	6204 kenava Loop, Palmetto, FL 34221	<b>=</b> Add
			□Remove
			Change
			🗆 Add
			□Remove
			202 Hange TALLAH
			SO E Remove
			□ □ Change
			□Add
		<del>.</del>	□ Remove
			□Change
			🗆 Add
			🗆 Remove
			□ Change

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Filing Fee: \$25.00