## 1130000 73009

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	( idoloss)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	(Basiness Ellik, Halle)
Certified Copies Certificates of Status	
	(Document Number)
	. /
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
Special instructions to Filing Officer:	Consideration to Elling Officer
	Special instructions to Filing Officer:





900352879129

09/30/20--01018--011 \*\*55.00

S TALLENT NOV 0 4 2223 772 SET 30 PH 2: 51

MC

## COVER LETTER

TO: Registration Section

Division of C	orporations				
SUDJECT.	The Pool Chemist's Poo	l Service. L.L.C.			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Derek I	.esperance			
		Name of Person			
	The Pool	Chemist's Pool Service, L.L.	C.		
		Firm/Company			
	P.O. Box	x 1390			
		Address			
	Safety H	arbor, Florida. 34695			
		City/State and Zip Code			
		nist@gmail.com to be used for future annual report not	ification)		
For further information	concerning this matter, please c				
Derek Lespera	nce				
•		at (727 ) 412-115			
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$3 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addr Registration	Section	Street Address: Registration Se			
Division of P.O. Box 63	Corporations		Division of Corporations The Centre of Tallahassee		
Tallahassee			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Pool Chemist's Pool Service, L.L.C.	•		
(Name of the Limited Linbility Company as it (A Florida Limited Liability	t now appears (Company)	s on our records.)	
he Articles of Organization for this Limited Liability Company were	filed on	May 20, 2013	and assigned
lorida document numberL13000073009			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liability co	ompany he	<u>re</u> :	
The Pool Chemist of Tampa Bay, LLC			
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the de	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			<u>-</u> -
Principal office address MUST BE A STREET ADDRESS)			ري ري
	<del></del>	· · · · · · · · · · · · · · · · · · ·	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
			ω ω
Enter new mailing address, if applicable:			<i>O</i>
Mailing address MAY BE A POST OFFICE BOX			77
Mutung duaress MAT BE ATOST OFFICE BOAT			5
<del></del>			<u> </u>
B. If amending the registered agent and/or registered office address gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ss on our re	ecords, <u>enter the nan</u>	ne of the new regi
	Enter Flori	da street address	
C	ity	, Florida	Zip Code
Ci Ci	u,r		zip come

## 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
			□Add
		<del></del>	Remove
			Change
			□Remove
			□ Change
			□Add
		<del></del>	□Remove
			□Change
		<del> </del>	□Add
			□Remove
			□Change
			□Add
			☐ Remove
			□Change
			□∧dd
			□Remove
			□Change

. II amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
<del>- ,</del>	· · · · · · · · · · · · · · · · · · ·
<del></del>	
<del></del>	
(If an effecti Note: If	date, if other than the date of filing:
the record secord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	9-26, 2026.
	Signature of a member or authorized representative of a member
	Derek Lesperance Typed or printed name of signee

ET ESSAG