## NIS 0000 1979 42

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



600382736986

03/30/22--01011--003 \*\*30.00

SECILLA I A STATE

41412022

## **COVER LETTER**

TO:

| TO: Registration S<br>Division of Co                                 |  |   |  |
|--|--|---|--|
| SUBJECT:   | JP TILE &                                    | TEXTURE, LLC  |  |
|  | Name of Lin                                  | nited Liability Company   |  |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Please return all corresp  | ondence concerning this matter               | to the following:   |  |
|  |  | PAYNE, JASON M  |  |
|  |  | Name of Person  |  |
|  | JF   | P TILE & TEXTURE, LLC Firm/Company  | <del> </del>   |
|  |  | 1209 FLOMICH ST   |  |
|  | DAY  | TONA BEACH, FL 32117  |  |
|  |  | City/State and Zip Code   | <del></del>  |
|  | jth  | epoolguru@gmail.com to be used for future annual report not                               | itication  |
| For further information of   | concerning this matter, please c             |   | canony   |
| PAYNE, JASON N   | Л  | at (386 ) 248-7346  | 6  |
| Name (   | of Person                                    |   | e Telephone Number   |
| Enclosed is a check for t  | he following amount:                         |   |  |
| □ \$25.00 Filing Fee   | ☑ \$30.00 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 Address Registration Division of O P.O. Box 632 Tallahassee, | Section<br>Corporations<br>27                | Street Address:<br>Registration Se<br>Division of Cor<br>The Centre of T<br>2415 N. Monro | porations  |
| rananassee,  | ΓL 32314                                     | 2415 N. Monro<br>Tallahassee, FL  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP TILE & TEXTURE, LLC

FILED

2022 HAR 30 AH 9: 31

| ( <u>Name of the Limited Li</u><br>(A Fl   | ability Compa<br>orida Limited | inv as it now appears on our records.) Cr.<br>Liability Company) TAL | E STATE               |
|--|--------------------------------|--|-----------------------|
| The Articles of Organization for this Limited Liabili  |                                |  | and assigned          |
| Florida document number <u>L15000019392</u>  | ty Company                     | were med on  | and assigned          |
| This amendment is submitted to amend the following   | g:<br>                         |  |                       |
| A. If amending name, enter the new name of the   | limited liab                   | ility company here:  |                       |
| MILD 2 WILD POOLS, LLC   |                                |  |                       |
| The new name must be distinguishable and contain the words.  | Limited Liabil                 | lity Company," the designation "LLC" or the                          | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |                                | 1209 FLOMICH ST  |                       |
| (Principal office address MUST BE A STREET ADDRESS)  |                                | DAYTONA BEACH, FL 32117  |                       |
|  |                                |  |                       |
| Enter new mailing address, if applicable:  |                                | 1209 FLOMICH ST  |                       |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                | DAYTONA BEACH, FL 3211   | 17                    |
| B. If amending the registered agent and/or registe<br>agent and/or the new registered office address her | ered office a                  | nddress on our records, enter the na                                 | ime of the new regis  |
| Name of New Registered Agent: N.   | /A                             |  |                       |
| New Registered Office Address: N   | /A                             |  |                       |
|  |                                | Enter Florida street address   |                       |
|  |                                | Florida  |                       |
|  |                                | City   | Zip Code              |

## N

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.

| N/A                           |                                   |
|-------------------------------|-----------------------------------|
| If Changing Registered Agent, | Signature of New Registered Agent |

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u>  | <u>Name</u> | Address     | Type of Action |
|---------------|-------------|-------------|----------------|
| N/A           |             |             | Dbd            |
|               |             |             | □Remove        |
|               |             |             | □Change        |
| <del></del>   |             |             | □Add           |
|               |             | <del></del> | □Remove        |
|               |             |             | Change         |
|               | <del></del> |             | □Add           |
|               |             |             | □ Remove       |
|               |             |             | Change         |
|               |             |             |                |
|               |             |             | □Remove        |
|               |             |             | □Change        |
|               |             |             | □Add           |
|               |             |             | □Remove        |
|               |             |             | □ Change       |
| <del></del> _ |             |             | □Add           |
|               |             |             | □Remove        |
|               |             |             | □ Change       |

|                           | N/A   |
|---------------------------|---|
|                           |   |
| •                         |   |
| -                         |   |
|                           |   |
| -                         |   |
|                           |   |
| -                         |   |
| -                         |   |
| -                         |   |
| _                         |   |
|                           |   |
| -                         |   |
| -                         |   |
| _                         |   |
|                           |   |
| _                         |   |
| -                         |   |
| -                         |   |
| _                         |   |
|                           |   |
| If an eff<br><u>Note:</u> | ve date, if other than the date of filing: N/A (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| e recon<br>rd is fil      | I 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 ed.  |
| Dated .                   | 03/23/22  |
|                           | Jan M Fare  |
|                           | Signature of a member or authorized representative of a member  |
|                           | DAVNE JASONIM   |
|                           | PAYNE, JASON M Typed or printed name of signee  |