

L15000022841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

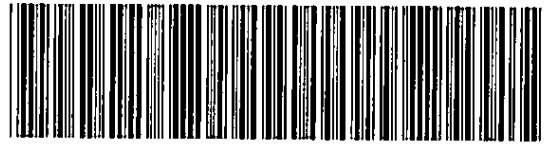
(Document Number)

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2021 SEP 14 PM 9:51

SECRETARY OF STATE  
HALLAMSBUILDING

09/23/2021  
JH

L30

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pool Chics LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Fox

\_\_\_\_\_  
Name of Person

Pool Chics LLC

\_\_\_\_\_  
Firm/Company

1723 John Road

\_\_\_\_\_  
Address

Clewiston FL 33440

\_\_\_\_\_  
City/State and Zip Code

poolchic904@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Fox

863 2280763

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2021 SEP 14 PM 9:51

Pool Chics LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 5 2015 and assigned  
Florida document number L 15000022841

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Lori Fox

New Registered Office Address:

1723 John Road

*Enter Florida street address*

Clewiston

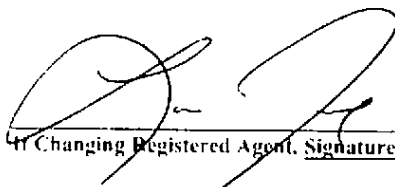
*City*

Florida 33440

*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.*

  
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Helen Amanda Crawford	1588 Coffey Road	<input type="checkbox"/> Add
		Moore Haven Fl 33471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Crawford Amanda Amanda	1588 Coffey Road	<input type="checkbox"/> Add
		Moore Haven Fl 33471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Crawford Amanda	1588 Coffey Road	<input type="checkbox"/> Add
		Moore Haven Fl 33471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lori Fox	1723 John Road	<input checked="" type="checkbox"/> Add
		Clewiston Fl 33440	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Hernandez Craigh

Typed or printed name of signee

**Filing Fee: \$25.00**