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COVER LETTER

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	uper Cool P				
SUBJECT: _			ited Liability Company		
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return a	ll correspon	dence concerning this matter	to the following:		
		Jane E. Kerrigan			
			Name of Person		· · · · · · · · · · · · · · · · · · ·
		Harrison Sale McCloy			
			Firm/Company	-	
		35008 Emerald Coast Park	way, Suite 500		
			Address		
		Destin, FL 32541			
			City/State and Zip Code	- 	
		joanvienot@gmail.com			
		E-mail address: (to be used for future annual re	eport notification)	
For further info	ormation cor	ncerning this matter, please co	ıll:		
Jane			850 650-	-0010	
	Name of	Person	Area Code	Daytime Teleph	one Number
Enclosed is a c	heck for the	following amount:			
■ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		1 \$60.00 Fiting 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Super Cool Pools, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) offity Company)	
The Articles of Organization for this Limited Liability Company wo Florida document number L15000087418		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L1.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		,
(Principal office address MUST BE A STREET ADDRESS)		
<u>-</u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>ente</u>	er the name of the new
New Registered Office Address:		2.6 局 可 5.5 2 2
No. Desires and American Chance and Color of the Color of	Enter Florida street address, Florida	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>	Address	Type of Action
MGR	Joan Vienot	521 Eden Drive	Add
		Santa Rosa Beach, FL 32459	□ Remove
			□ Change
		,	□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			□ Change
			bhA
			□ Remove
			☐ Change
			Add Confidence Confide
			Change 28
		A 63	23

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