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| (Requestor | 's Name) |
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| PICK-UP | WAIT MAIL |
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| (Business | Entity Name) |
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| Special Instructions to Filing C | officer: |
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| TO: | Registration Se Division of Cor | | | |
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| SUBJE | ECT: | Name of Lim | nited Liability Company | · · · · · · · · · |
| | | | , , | |
| The en | closed Articles of | Amendment and fec(s) are sub | omitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | • | David Gallant | | |
| | | | Name of Person | ·· <u>·</u> |
| | | Blue Diamond Pools | | |
| | | | Firm/Company | |
| | | 2130 Victory Palm Dr | | |
| | | | Address | |
| | | Edgewater, FL 32141 | | |
| | | | City/State and Zip Code | |
| | | bdpvolusia@gmail.com | to be used for future annual report notif | |
| For furt | her information co | oncerning this matter, please ca | • | ication) |
| Rhonda | a Gallant | | 386 748-2639 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclose | ed is a check for th | e following amount: | | |
| □ \$ 25 | 5.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Blue Diamond Pools of Volusia | | |
|--|---|-----------------------|
| (Name of the Limited Liability Con (A Florida Limite | npany as it now appears on our records.) ed Liability Company) | |
| he Articles of Organization for this Limited Liability Compa | ny were filed on January 4, 2017 | and assigned |
| lorida document number L17000001145 | | - |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited li | ability company here: | |
| he new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | | |
| | | A |
| | | · 8 |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | C.A |
| numing dudiess may be at ost office bong | | . 3a |
| | | ထဲ |
| . If amending the registered agent and/or registered egistered agent and/or the new registered office address because the contract of the cont | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Enter Pioriau Street address | |
| | | |
| | 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.

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 | Rhonda Gallant | | Add |
| | | 2130 Victory Palm Dr | <u></u> ≣ Remove |
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| ective date, if other than the effective date is listed, the date in | ust be specific and cannot be pr | or to date of filing or | more than 90 days after | ional) er filing.) Purs | suant to 605.0 |
| te: If the date inserted in this sument's effective date on the | block does not meet the app Department of State's recor | licable statutory fil ds. | ng requirements, th | is date will | not be listed |
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| record specifies a delay he 90th day after the re | | iot an enective | time, at 12:01 | a.m. on t | ne earliei |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00