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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submoss Enary Hame)
(Document Number)
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COVER LETTER

FO: Registration Sec Division of Corp			
SUBJECT:	pical Breeze	Pool Service	LLC
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Dana Loodernilk	<
		_	
	Tropa	Cal Breeze Pool	1 Service
	110	70 NE 105 AVE	
		Address	
		her FL 32618	
		City/State and Zip Code	.1 /
	E-mail address: (i	Tropbre 2 000 Service be used for future annual report notified	@gmail 'Com
For further information co	oncerning this matter, please ca		
Daga (<u>oudermilk</u>	at (352) 281 -	- 3005 e Telephone Number
Name of	reison	Area Code 17ayume	receptione Number
Enclosed is a check for th	ne 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 Addres	s.	Street Address:	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on $3/10/2020$ and assigned
Florida document number <u>L 1700000346</u>	2. See T
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited 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 ADE	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> :
Name of New Registered Agent:	Dana Loudernilk 11070 NE 105 AUE
New Registered Office Address:	MOTO NE IOS ÂUE Enter Florida street address
	Archer Florida 37618 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
AMBR	Dana Loudermilk	11070 NE 105 AVE ARCHER FR 32618	(DAdd
			□Remove
		***************************************	DAdd
			□Remove
			□Change
			□Add
		 	Remove
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ote: If the o	e, if other than the act is listed, the date mu late inserted in this b Tective date on the I	lock does not in	neet the applicat	date of filing or mole statutory filin	(opti ore than 90 days afte g requirements, th	onal) r filing.) Pursuant to 6 is date will not be li	05.0207 sted as
ecord speci is filed.	lies a delayed effecti	ve date, but not	an effective tim	ie, at 12:01 a.m. o	on the earlier of: (o) The 90th day af	ter the
ted	/29/	 ,	2020				
_		Signature of a ri	there of author	R Lovder	sent of a member		
		-					

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Filing Fee: \$25.00