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COVER LETTER

TO:		ion Section of Corporati	ons		•	٠	ų		
SUBJ	ECT:	SULF	AND	TO2F Name of Lim	PROPERT ited Liability Con	MAW mpany	TENANO	CE LLC	
The er	nclosed Artic	les of Ameno	lment and fo	e(s) are sub	mitted for filing	<u>;</u> .			
Please	return all co	rrespondence	concerning:	this matter	to the following	g:			
				Mic	HAEL Name of I	BUY ASY Person	عب		
			<u>S</u> u	RF AND	> TURF Firm/Con	PROPER	MMA	<u> </u>	LC
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						ure annual repo	ort notification	on)	
For fu	rther inform	ition concerni	ing this mat	ter, please ca	all:				
	MICHAEL	Boy A Same of Person	,, <u>,</u> ,,	18	at (<u>9</u> Area	<mark>54₎ 448</mark> Code I	C - F 35 Daytime Tele	phone Number	
Enclos	sed is a check	k for the follo	wing amour	nt:					
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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

SUXF AND TURF PROPERTY (Name of the Limited Liability Compared CA Florida Limited L	27/ MANTCHANCE LLC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on APRIC 5, 2017 and assigned
Florida document number <u>L 17000076247</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
PATRIOT POUL AND SPA SERVI The new name must be distinguishable and contain the words "Limited Liabili	ICE LLC.
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2019
(Principal office address MUST BE A STREET ADDRESS)	ند. د
	2
Fator and malling address if anythoghlar	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	· · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zin 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

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ereco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	JAJJARY 15 2019
<u></u>	· .
C	Me R
C:/: _	augnature of a member or authorized representative of a member

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riling Fee: \$25.00