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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pool Service of Pinellas 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:	
Randy Sullivan Name of Person	
Name of Person	
Firm/Company	
1730 Winfield PD N Address	
Clear wa fer FL 39756 City/State and Zip Code	
E-mail address: (to be used to future annual report notification)	
For further information concerning this matter, please call:	
Randy Sullivar at (727) 401-4646 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status} \Bigcup \text{\$\$55.00 Filing Fee & Certificate of Status} \Bigcup \text{\$\$Certified Copy (additional copy is enclosed)} \Bigcup \Bigcup \text{\$\$Certified Copy (additional copy is enclosed)} \Bigcup	atus &

MAILING ADDRESS:

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

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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

Pool Service of Pi	rellas LLC	
Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1766691654</u> .	were filed on <u>(41/25/2017</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1730 Winfield Rd N Clearwater FL	33756
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1730 Winfield Rd N Clearwater FZ 33754	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		e name of the new
Name of New Registered Agent:		8 DIVIS
New Registered Office Address:	Enter Florida street address	JUL 1
	, Florida	20 CATE 20 XEQU Zip Code 90 S
New Registered Agent's Signature, if changing Registered Agent:	City	STAT

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>	Name	Address	Type of Action
MGR	Steven Garvin	PO Box 7874	
		PO Box 7874 Seminale FL 33775	Remove
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E. Effective	date, if other than the	date of filing: _	·		(optional))	
(If an effect Note: If	ive date is listed, the date mu the date inserted in this bl	st be specific and can lock does not meet	not be prior to dat the applicable s	of filing or more the tatutory filing rea	an 90 days after filing uirements, this date	.) Pursuant to will not be	605.020 listed a
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Page 3 of 3

Filing Fee: \$25.00