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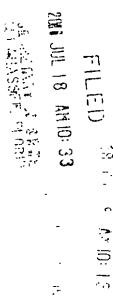
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Certified Copies	Certificates of Status
Special Instructions to	p Filing Officer:

Office Use Only



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COVER LETTÉR

TO: Registration Section Division of Corporations	
SUBJECT: Empire State Pool Service 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:	
DRIHONY KNEF Name of Person	
EMPIRE State POOL SERVICE LLC.	
2904 53Rd St W. Address	
Lenigh Acres, FL, 33971 City/State and Zip Code Complete Signater Company Community	25
E-mail address: (to be used for future annual report notification)	藝生工
For further information concerning this matter, please call:	·····································
De Hany Cock at (631) 875 - 0943 Name of Person at (631) 875 - 0943 Area Code Daytime Telephone Number	LIB EIG 33
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ Certified Cogadditional copy	of Status &

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

<u>Empire State Poo</u>	1 Service LLC		
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	pany)	
The Articles of Organization for this Limited I	Liability Company were filed	on Jan 16th, 201	8 and assigned
Florida document number <u>L180000125</u> ;			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability comp	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	"the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		_ ,	27
(Mailing address MAY BE A POST OFFICE	<u></u>		
	- 1		
B. If amending the registered agent and	d/or registered office addre	ess on our records,	enter the name of the nev
registered agent and/or the new registered o	omce address nere:		100 July 100
Name of New Registered Agent:	BeiHany En	<u>ef</u>	
New Registered Office Address:			
	En	iter Florida street address	
		, Flori	
	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.

f 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
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Filing Fee: \$25.00