L180000080999

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Q. SILAS		
APR 25 2022		
4/18/22		

Office Use Only



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1027 APR 18 PH 6: 11
SECRETARY OF STATE
TALLAHASSEF



RECEIVED

2022 APR 18 AM 11:4

SECRETARY OF STATE TALLAHASSEE, FL

March 18, 2022

JEANETTE DEPUY 4105 N CENTRAL AVE TAMPA, FL 33603

SUBJECT: PRISTINE POOLS OF NW FLORIDA, LLC

Ref. Number: L18000080999

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 922A00006510

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION LED

2027 APR 18 PM 6: 18

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1800080999	were filed on March	29, 2018 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	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	PO. Bo Port St.	Soe FL32457 enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	*	
I hereby accept the appointment as registered agent and ag	ree to act in this capaci	ty. I further agree to comply with the
		A THE COUNTY OF THE PROPERTY OF THE PARTY OF

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
MGB	Travis Wright	479 Welton Dr.	🗆 Add
		479 Welton Dr. Port St. Joe, FL 32450	<u> </u> ∑ Remove
			□Change
			□Add
			□Remove
			Change
			DbA
			Remove
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			Change
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			Remove
			□ Change

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Effec	tive date, if other than the date of filing:
Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after image) trustain to be observed. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco rd is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Data	04/13 2022
Date	The state of the s
	Signature of a member or authorized representative of a member
	Jeanette DePry