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PICK-UP	☐ WAIT	MAIL
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6/20/21



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EVERLAST POOLS 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:
Jeffery S. Jenkins SR Name of Person
EVERLAST POOLS LLC Firm/Company
58 Rymshaw Drive
Palm (oast FL 32164 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeffery S. Jenkins S. at (386) 386-585-2793 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

EVERLAST POOLS	LLC	<del> </del>
(Name of the Limited Liability Compa (A Florida Limited)	iny <u>as it now appears on our records.</u> ) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1130009807}{}$	were filed on <u>4-18-2018</u>	and assigned
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 Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<del> </del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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.

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 Dunn	58 Rymshaw Drive	□Add
		Palm Coast FL 32164	(Dremove
			□Change
MGR	Jeffer, S. Jenkins Sk	Falm Coast, FL 32164	ŪZĀdd
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