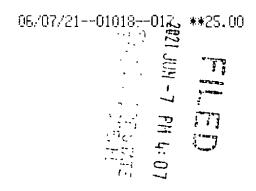
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(P.o	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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(12012)

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
REED POO SUBJECT:	OL SERVICES LLC				
Solidice 1.	Name of Lim	ited Liability Company	··		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	KIMBERLY REED				
		Name of Person		_	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		-	
	4960 CHERRY WOOD D	R			
		Address		_	
	NAPLES FL 34119			2621	
		City/State and Zip Code			
	REEDPOOLS@OUTLOOF	K.COM		1	,
	E-mail address: (to be used for future annual re	port notification)	7	3
For further information c	concerning this matter, please co	all:		2621 JUH -7 PM 4: 07	
KIMBERLY REED		239 7761 at ()			
Name o	d Person	Area Code	Daytime Telephone Numb	ਦਾ	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certifie	Filing Fee, cate of Status & ed Copy cal copy is enclosed)	
Mailing Address Registration	Section	-	ion Section		
Division of C P.O. Box 632			of Corporations re of Tallahassee		
L.O. DUX 032	. 1	וווכ עלווו	io di Tananassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REED POOL SERVICES LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u>)		_
he Articles of Organization for this Limited Liability Company	were filed on 05/16/2018		and	assigned
Plorida document number L18000122543				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
REED POOL AND HOME WATCH SERVICES LLC				
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	or the ab		ı "L.L.C."
Enter new principal offices address, if applicable:		. i	<u> </u>	C)ma
Principal office address MUST BE A STREET ADDRESS)			<u> </u>	\$ \$ 59754
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		Ú.	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	177
Enter new mailing address, if applicable:				1
Mailing address MAY BE A POST OFFICE BOX)		.22	0	
Making quaress MAT BE A 1 031 OF FICE BOX			i	•
				
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter	the nam	e of t <u>he</u>	new regis
Name of New Registered Agent:		_		
New Registered Office Address:				
	Enter Florida street addres	S.S.		
	, Flo	orida		
	City		Zip Ce	ode

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>T</u> :	ype of Action
				□Add
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Filing Fee: \$25.00