Division of Corporations

(((H24000100650 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DORCEY LAW FIRM, PLC

Account Number : I20230000134 Phone : (239)418-0169

Fax Number : (239)418-0048

annual report mailings. Enter only one email address please.\*\*

See Email Address: \*\*Enter the email address for this business entity to be used for future

## ECONO POOL STATE CORRECT OR M/MG RESIGN

Certificate of Status	0
Certified Copy	θ
Page Count	()4
Estimated Charge	\$25.00

M. SOLOMON

MAR 1 5 2024

Electronic Filing Menu Corporate Filing Menu

Help

ţ

TO: Registration Section Division of Corporations  ECONO POOLS LLC  SUBJECT: 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:  Luca Di Nunzio  Name of Person  Dorcey Law Firm  Firm/Company  10181 Six Mile Cypress Pkwy, Suite C  Address  Fort Myers, FL 33966  City/State and Zip Code austin@econopoolsllc.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
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:  Luca Di Nunzio  Name of Person  Dorcey Law Firm  Firm/Company  10181 Six Mile Cypress Pkwy, Suite C  Address  Fort Myers, FL 33966  City/State and Zip Code  austin@econopoolslic.com  E-mail address: (to be used for future annual report notification)
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:  Luca Di Nunzio  Name of Person  Dorcey Law Firm  Firm/Company  10181 Six Mile Cypress Pkwy, Suite C  Address  Fort Myers, FL 33966  City/State and Zip Code  austin@econopoolsllc.com  E-mail address: (to be used for future annual report notification)
Please return all correspondence concerning this matter to the following:  Luca Di Nunzio  Name of Person  Dorcey Law Firm  Firm/Company  10181 Six Mile Cypress Pkwy, Suite C  Address  Fort Myers, FL 33966  City/State and Zip Code  austin@econopoolsllc.com  E-mail address: (to be used for future annual report notification)
Luca Di Nunzio  Name of Person  Dorcey Law Firm  Firm/Company  10181 Six Mile Cypress Pkwy, Suite C  Address  Fort Myers, FL 33966  City/State and Zip Code austin@cconopoolsllc.com  E-mail address: (to be used for future annual report notification)
Name of Person  Dorcey Law Firm  Firm/Company  10181 Six Mile Cypress Pkwy, Suite C  Address  Fort Myers, FL 33966  City/State and Zip Code austin@econopoolslle.com  E-mail address: (to be used for future annual report notification)
Dorcey Law Firm  Firm/Company  10181 Six Mile Cypress Pkwy, Suite C  Address  Fort Myers, FL 33966  City/State and Zip Code austin@econopoolsllc.com  E-mail address: (to be used for future annual report notification)
Firm/Company  10181 Six Mile Cypress Pkwy, Suite C  Address  Fort Myers, FL 33966  City/State and Zip Code  austin@econopoolslic.com  E-mail address: (to be used for future annual report notification)
Fort Myers, FL 33966  City/State and Zip Code austin@econopoolslic.com  E-mail address: (to be used for future annual report notification)
Address  Fort Myers, FL 33966  City/State and Zip Code  austin@econopoolslic.com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code  austin@econopoolslic.com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code  austin@econopoolslic.com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code  austin@econopoolslic.com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luca Di Nunzio 239 418-0169 at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee

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

Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H240001006503)))

ECONO POOLS LLC					
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on on d Liability Company)	records.)			
The Articles of Organization for this Limited Liability Company were filed on		18 ar	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lin	ability company here:				
The new name must be distinguishable and contain the words "Limited Lia	hility Company," the designation	on "LLC" or the abbreviation	on "L.L.(	C."	
Enter new principal offices address, if applicable:			.:	202	
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		·	<del>- 133</del>	
				<u></u>	
Enter new mailing address, if applicable:			. i . n. '	P:	
(Mailing address MAY BE A POST OFFICE BON)			3.7		
			300	25	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	e address on our records.  Enter Florida stree		e new r	egisterec	
		Florida			
<del></del>	City	Florida Zip (	Code		
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my du provided for in Chapte	ties, and I am familia 605, F.S. Or, if this	r with a docum	and	

If Changing Registered Agent, Signature of New Registered Agent

(((H24000100650 3)))

## 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

Title	<u>Name</u>	Address	Type of Action
P	WILLIAM O ROSE	4600 Summerlin Rd	
		513	■ Remove
		Fort Myers, FL 33919	Change
P	AUSTIN O ROSE	4600 Summerlin Rd	□ Add
		513	□Remove
		Fort Myers, FL 33919	- a
			2024
			OB Singara (C)
			OCtiange —
			□Remove
			Remove
<del></del>			□Add
			□Remove
			Change

(((H24000100650 3)))

		·· •• •• •• •• •• •• •• •• •• •• •• •• •		
•-				
-	•		202	
-			2024 H.	
		·:	<del>20</del> 15	
		<del></del>		
<del></del>		<u>()</u>		
			ω τ.	
_				
_				
	re date, if other than the date of filing:	t to 605. be liste	.0207 ( ed as ti	3)( 1¢
Note: !	nt's effective date on the Department of State's records.			
Note: I docume he record ord is file	nt's effective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dad.	ay after	the	
Note: I docume he record ord is file	nt's effective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dad.	ay after	the	
Note: I docume he record ord is file	nt's effective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date.	ay after	the	