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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	<u>.</u> .
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	
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AUG 1 4 2018

S. PRATHER

COVER LETTER

TO:	Registration Se Division of Con			
SUBJE		AZE POOL AND SPA SER	VICES	
SUBJE	.cr:	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Chasen Quattlbaum		
			Name of Person	
			Firm/Company	<u> </u>
		4316 21st Ave W		
			Address	
		Bradenton FL 34209		
		W	City/State and Zip Code	
		chaseq12@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please e	all:	
Chase	n Quattlebaum		941 773-7312 at ()	
<u> </u>	Name o	f Person		Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNNY DAZE POOL AND SPA SERVICES

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

·	, , ,	
The Articles of Organization for this Limited Liability	y Company were filed on 07/30/2018	and assigned
Florida document number L18000181552	·	·
This amendment is submitted to amend the following	:	•
A. If amending name, enter the new name of the li	imited liability company here:	
Pool Vibes LLC		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
		
0		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office at Name of New Registered Agent:		THE HAME OF THE L
New Registered Office Address:	Enter Florida street address	
	Emer Frontia street daaress	
	, Florida	LZip Code
Num Berintan d A and Simon	•	ząр Code
New Registered Agent's Signature, if changing Registe		
hereby accept the appointment as registered agenorovisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registecompany has been notified in writing of this chang	complete performance of my duties, and Lo agent as provided for in Chapter 605, F.S. ared office address, I hereby confirm that the	im familiar with and Or, if this document is
	If Changing Registered Agent, Signature of Nev	v 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
			
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
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Filing Fee: \$25.00