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COVER LETTER

	tion Section of Corporations				
INC SUBJECT:	ERDIPOOLS LLC				
JOBSECT.	Name of L	imited Liability Company			
The enclosed Arti	cles of Amendment and fee(s) are so	ubmitted for filing.			
Please return all co	orrespondence concerning this matte	er to the following:			
	JONATHAN SAUNDEI	RS			
		Name of Person			
	INCREDIPOOLS LLC				
		Firm/Company			
	1337 ESTRIDGE DR				
		Address			
	ROCKLEDGE, FL. 3295	55			
	INCREDIPOOLSFL@GN	City/State and Zip Code		119	
	E-mail address:	(to be used for future annual report notific	cation)		· -:
For further inform	ation concerning this matter, please	eall:		٠ لَدَ	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Jonathan Saunder	s	321 794-3448 at ()			٠ ٢
	Name of Person		Telephone Number	: 21	30 TESTS
Enclosed is a chee	k for the following amount:				,
■ \$25.00 Filing	Fee S30.00 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:	STREET/COURIE	R ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INCERDIPOOLS, LLC

company has been notified in writing of this change.

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

(A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L18000187836	ere filed on 08/06/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
INCREDIPOOLS, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ee address on our reco	ords, enter the name of the new
Name of New Registered Agent:		····
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	City	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ad	rformance of my duties wided for in Chapter 60	s, and I am familiar with and 95, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			Remove
			Change
		-	Remove
			Сһапде
			Add
			□ Remove
			□ Change
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C. Effective data if other than	the date of filings		(:
E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not meet the a	pplicable statutory	or more than 90 days afte filing requirements, th	re filing.) Pursuant to 605.0207 (3) is date will not be listed as the
f the record specifies a dela b) The 90th day after the i	yed effective date, bu record is filed.	it not an effecti	ve time, at 12:01	a.m. on the earlier of:
Dated AUGUST 15	Δ 2018			
	J	<u> </u>		
——————————————————————————————————————	Signature of a member or	authorized represent	ative of a member	
r Nasarahan Saun	L DERS			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00