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Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone Fax Number : (323)962-3889

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## PRESTIGE POOL PREPS LLC

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## **COVER LETTER**

Registration Section
Division of Corporations

PRESTIGE POOL PREPS LLC

51':			<del></del>
	Name of Limite	d Liability Company	
osed Articles of a	Amendment and fec(s) are subm	itted for filing	
turn all correspo	ndence concerning this matter to	the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th FI		
		Address	····
	Glendale, CA 91203		
		City/State and Zip Code	<del></del>
	zachdabeast i 23@yahoo.com		
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ner information c	oncerning this matter, please cal	1:	
ne Moseley		800 773-0888 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
d is a check for t	he following amount:		
.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

MO JAN 23 PH 5: 29

PRESTIGE POOL PREPS LLC

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

cles of Organization for this Limited Liability Compa	iny were filed on	and assigned
document number L19000081221		
endment is submitted to amend the following:		
nending name, enter the new name of the limited li	iability company here:	
Pools & Paradises LLC		
name must be distinguishable and contain the words "Limited Li	ability Company," the designation "	LLC" or the abbreviation "L.L.C."
ew principal offices address, if applicable:		
al office address MUST BE A STREET ADDRESS	<u> </u>	
ew mailing address, if applicable:		
g address MAY BE A POST OFFICE BOX)	<u></u>	
amending the registered agent and/or registered agent and/or the new registered office address l	l office address on our rec here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
NOW NO BIRDING WATER	Enter Florida street ac	ldress
		, Florida Zip Code
	·	Zip Code
gistered Agent's Signature, if changing Registered Age		
y accept the appointment as registered agent and coms of all statutes relative to the proper and complete obligations of my position as registered agent filed to merely reflect a change in the registered of my has been notified in writing of this change.	lete performance of my dutie. as provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

ding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added eved from our records:

Manager

			1.5 C b A
=	Aum	orizea	l Membe

Name	Address	Type of Action
		□ Add
		Remove
		□ Change
		□ Remove
		☐ Change
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		□ Remove
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nding any other information, enter change(s) here: (Attach additional	sheets, if necessary.)
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	( .i. l)
ive date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be prior to date of filing or more.  If the date inserted in this block does not meet the applicable statutory filing reent's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605,0207 (3)(1 equirements, this date will not be listed as the
ord specifies a delayed effective date, but not an effective tim 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
January 15th 2020	
Signature of a member of authorized representative of	

Page 3 of 3

Typed or printed name of signee

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