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## **COVER LETTER**

Tallahassee, FL 32314

	Registration So Division of Cor				
SUBJEC		POOL SERVICE LLC			
SUDJEC	Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		MICHAEL HERRMANN			
			Name of Person		
		GATORS POOL SERVIC	TE LLC		
			Firm/Company	<del>~ · · · · · · · · · · · · · · · · · · ·</del>	
		1524 NOBLE TER			
		<u></u>	Address		
		PORT CHARLOTTE FL.	33952		
			City/State and Zip Code	·	
		DUSTYINOHIO@YAHOO	D.COM to be used for future annual report not	11¥	
For furth	er information e	concerning this matter, please c	·	racanon)	
MICHAEL HERRMANN		330 717-0926			
	Name o	if Person	at () Area Code Daytin	ne Telephone Number	
Enclosed	is a check for the	he following amount:			
<b>■</b> \$25.0	90 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration 5	<del></del>	<u>Street Address:</u> Registration Se	ection	
	Division of C		Division of Co		
	P.O. Box 632		The Centre of	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GATORS POOL SERVICE LLC

2020 DEC 17 PM 4: 24

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

SFCR SECRETARY OF STATE TALLAHOSSEF, FL The Articles of Organization for this Limited Liability Company were filed on 4/15/2019 \_\_ and assigned Florida document number L19000103232 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MHELASERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." NO ADDRESS CHANGE 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Chy 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 Changing Registered Agent, Signature of New 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
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			Remove
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	s block does not meet the app	licable statutory filing re	(optional) han 90 days after filing.) Pursuant t quirements, this date will not b	:o 605.0207 ( e listed as t
e record specifies a delayed effected is filed.	ative date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90th day	after the
11/06 Dated	2020			
. 11/1/100	·			
$\bigcup_{M} M M M$				
MUUS	Signature of a member or au	thorized representative of a	member	<del></del>

Filing Fee: \$25.00