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| (Re                     | questor's Name)    |             |
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| PICK-UP                 | WAIT               | MAIL        |
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| (LC                     | cument Number)     |             |
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| Certified Copies        | _ Certificates     | s of Status |
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| Special Instructions to | Filing Officer:    |             |
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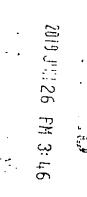
Office Use Only



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**06/28/19--010**08--003 **\*\***25.00

R. WHITE JUL 08 2019



## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Simpool Solutions LLC 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:   |
| BRYAN D. WAHS   |
| SIMPOUL Solutions Firm/Company  |
| 3008 HAHCLAS PT   |
| OUICOD FL 32765 City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Bryan Dwalk at (407) 948-0269 Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$55.00 Filing Fee & \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |

### MAILING ADDRESS:

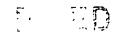
Registration Section Division of Corporations P.O. Box 6327

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



|  | <u> </u>  |
|--|---|
| ·  | 2019 JUN 26 PM 3: 46  |
| (Name of the Limited Liability Co  | Ohpany as it now appears on our records.)                                 |
|  | nited Liability Company)  |
| The Articles of Organization for this Limited Liability Comp   | pany were filed on 4/24/2019 and assigned                                 |
| Florida document number <u>L19000108381</u> .  | •   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited   | liability company here:   |
| NA   |   |
| The new name must be distinguishable and contain the words "Limited"   | Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | NIA   |
| (Principal office address MUST BE A STREET ADDRES:   | <u> </u>  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                           | N/A   |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | d office address on our records, enter the name of the new here:          |
| Name of New Registered Agent: NIA  |   |
| New Registered Office Address:   | Enter Florida street address  |
|  |   |
| -  | , Florida<br>City Zip Code  |
|  |   |

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 = Ma $AMBR = Au$ | nnager<br>ithorized Member |                  |                   |
|----------------------|----------------------------|------------------|-------------------|
| <u>Title</u>         | Name                       | Address          | Type of Action    |
| MGR                  | BRYAN D. WATES             | 3008 Hufferus PT | <b>∑</b> Add      |
|                      |                            | ovierso FL 32765 | Remove            |
|                      |                            |                  | Change            |
| AMBR                 | TAMUIS, WATE               | 3008 Huffers PT  | <b>_</b> Add      |
|                      |                            | Oviesso FC 32765 | –<br>□ Remove     |
|                      | ١.,                        |                  | Change            |
| MGR                  | John N. Wats               | 1355 Brigham lup | _ <b>-ÈS∕</b> ∧dd |
|                      |                            | Grenery FL 32732 | Remove            |
|                      |                            | #CPC 023576#     | Change            |
|                      |                            |                  |                   |
|                      |                            |                  | _□ Remove         |
|                      |                            |                  | Change            |
|                      |                            |                  | _D Add            |
|                      |                            | <del></del>      | Remove            |
|                      |                            |                  | Change            |
|                      |                            |                  | _□ Add            |
|                      |                            |                  | _□ Remove         |
|                      |                            |                  | Change.           |

| . II am            | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| (If an ef<br>Note: | tive date, if other than the date of filing: 4125 2019 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. |
| the re             | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.  |
| Dated              | 5/2/2019  |
|                    | Signature of Linember or authorized representative of a member  By A Typed or printed name of signee  |

Page 3 of 3

Filing Fee: \$25.00