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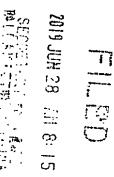
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Crystal Clear Pools by Chris 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: |
| Christopher Hendricks |
| Crystal Clear Pools by Chris L.L.C. |
| 5606 16th Street West |
| Braderton FL 34-207 City/State and Zip Code |
| CrystaclearPools LLC19 Qamail. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Christopher Hemricks at (941) 757-6784 Name of Person Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Solution Salution Solution Status Solution Status Solution Solutio |

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

| Crystal Clear Pools by (Name of the Limited Liability Company) (A Florida Limited Liab | as it now appears on our records.) |
|--|---|
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L 19 000 1 26030</u> . | ere filed on $05 09 2019$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabilit | y company here: |
| 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: | |
| (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: Name of New Registered Agent: | te address on our records, enter the name of the new |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| 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 probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is |

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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