## 119000127102

(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer	
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## **COVER LETTER**

SUBJECT: Fidkins Pool Construction 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 Lee Adkins Name of Person	
11072 Santo Fe St. N. Address	
Sacksonville Florida 30246 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at ()  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee  □ \$55.00 Filing Fee   □ \$60.00 Filing Fee,  Certificate of Status	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

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

Adkins Pool Construction LLC

( <u>Name of the Limite</u> (	d Liability Compar A Florida Limited L	ny as it now app dability Company	ears on our records.)			
The Articles of Organization for this Limited Lia Florida document number <u>LI 9001271</u>		were filed on	5/10/2019	aı	nd assig	gned
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company	here:			
The new name must be distinguishable and contain the we	ords "Limited Liabili	ity Company," th	e designation "LLC" or	r the abbreviat	ion "L.L	.C."
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREET	(ADDRESS)				3	
				· · · · · · · · · · · · · · · · · · ·	019 OCT 2	
Enter new mailing address, if applicable:		<del></del>		· ·	29	
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>			• • •	PH 12:	1
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered of ice address here	fice address	on our records, g	enter the n	05	f the new
Name of New Registered Agent:	Christop	sher Lec	Adkins			
New Registered Office Address:	LIDTA S		St. N. Torida street address			<del></del>
	Jackson	City	, Flori	da <u>33.3 (</u> Zip	16 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

or removed	Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of each	person being added
MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
MER	Gary Adkins		□ Add
		11072 Sonto Fe. St. N. 32246 JOCKSONVIlle FI.	<b>S</b> Remove
			Change
MGR	Christopher Adkins	11072 Santo Fe St. N. 32246 Jacksonville Fl.	_ <b>⊠</b> Add
			□ Remove
		<del></del>	☐ Change
			🗆 Add
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Signature of a member or authorized representative of a member	ed j	0/29/2019	
		Signature of a member or authorized representative of a member	
Christopher L- Adkins Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00