

L19000189585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

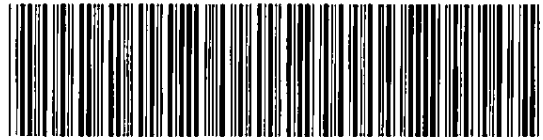
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200443244892

LLC NIC & Amend

~~200443244892~~

01/02/25--01024--013 \*\*52.50

A. RAMSEY  
FEB 27 2025

2025 FEB 24 AM 8:35  
CLERK OF STATE  
TOLSON, MISSISSIPPI

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2025

AARON GOUZIE  
PO BOX 700691  
ST.CLOUD, FL 34770 US

SUBJECT: A&B POOL AND SPA'S LLC  
Ref. Number: L19000189585

We have received your document for A&B POOL AND SPA'S LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 525A00002954

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A & B Pool and Spas  
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:

Aaron Gouzie  
Name of Person

Firm/Company

PO Box 700691  
Address

St. Cloud FL 34770  
City/State and Zip Code

Info@GouziePools.Com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Gouzie at (321) 503-5659  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: Paid Chk # 1015 - 1/7/25

- |                                             |                                                                        |                                                                                                  |                                                                                                                            |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

A3B Pool and SPA'S LLC

2025 FEB 24 AM 8:35

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

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/24/2019 and assigned  
Florida document number L19000189585.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOUZIE Pool's LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5760 Leon tyson Rd

St. Cloud FL 34771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 700691

St. Cloud FL 34770

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:

5760 Leon tyson Rd

*Enter Florida street address*

St. Cloud

*City*

Florida

34771

*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



[illegible]

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEB 19 2025



Signature of a member or authorized representative of a member

Aaron Gouzie

Typed or printed name of signee

**Filing Fee: \$25.00**