L19000189585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LLC NIC & Amend

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01/02/25--01024--012 **52.50

FILED
2025 FEB 24 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
FEB 27 2025

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 SPa's
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

☐ $25.00 Filing Fee

☐ $30.00 Filing Fee & Certificate of Status

☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (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

2025 FEB 24 AM 8:35

A 3 B Pool and SPA'S LLC

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

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, Florida 34771
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 = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. **Effective date, if other than the date of filing: _____ (optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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