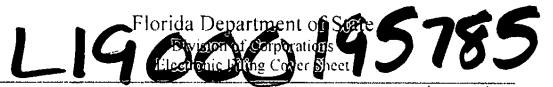
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6/13/24, 1:30 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000207062 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC Account Number : I20070000159 Phone : (239)777-1028 Fax Number : (877)275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SUPPORT@LICENSESETC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A AND R POOL SERVICES LLC

Certificate of Status	0
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JUN 1 3 2024 Help

K. Brumbley

COVER LETTER

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	Registration Se Division of Cor			. •
SUBJI	ECT:	A AND R PO	OL SERVICES LLC	
		Name of Lim	ited Liability Company	
The en	closed ₍ Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
			TODD BABBITT	
			Name of Person	
			LICENSES, ETC., INC.	
			Firm/Company	
		2	7911 CROWN LAKE BLY	VD
			Address	
		B(ONITA SPRINGS, FL 34	1135
			City/State and Zip Code	
	al s	SUP Famail address: I	PORT@LICENSESETO to be used for future annual re	C.COM
™or fur		oncerning this matter, please co		777 4000
Name of Person			at (<u>239</u>) Area Code	Davtime Telephone Number
	TODD B	ABBITT	at () Area Code	777-1028 Daytime Telephone Number
	ed is a check for the 5.00 Filing Fee	□ \$30.00 Fiting Fee &	☐ \$55,00 Filing Fee &	□ \$60.00 Filing Fee,
A 32	stoo rung ree	Certificate of Status	Certified Copy (additional copy is enclo	Certificate of Status &

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

StreetAddress: 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**

(((H24000207062 3)))

	D R POOL SERVICES LLC	
(A Flori	ility Company as it now appears on our ida Limited Liability Company)	<u>recuros.</u>)
The Articles of Organization for this Limited Liability	Company were filed on0	7/31/2019 and assigned
Florida document numberL19000195785	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	n "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
To Company of the Com		
B. If amending the registered agent and/or register	red office address on our records.	enter the name of the new registers
agent and/or the new registered office address here	:	202'4
		ي <u>.</u> (ـ
Name of New Registered Agent:		
New Registered Office Address:		$\overline{\omega}$
	Enter Florida stree	address T
		, Florida 🔀
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my dul agent as provided for in Chapter red office address. I hereby conf	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	ature of New Registered Agent

Page: 6 of 7

(((H24000207062 3)))
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

<u>Title</u>	Name	Address	Type of Action
MGRM	FRANCIA FERNANDEZ	10086 MEDALLION BLUFF LANE	
		ORLANDO, FL 32829	⊠Remove
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			□∧dd
		·	□Remove
			□Change
			□Add
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			□Add
			□Remove
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recor d is ti		ities a delay	ed effective o	date, but n	nt an eife	ctive time	, at 12:01 a	a.m on th	e carlier of	(b) The	-90th day aft	er the
Dated	i	JUNE 13			2	024						
						024 Safe	-					
	-		Si	gnature of		,	ed represent	lative of a	member			

Filing Fee: \$25.00