L19000218912

(Req	įuestor's Name)	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations		
	PILOT STUDIO LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing	
	spondence concerning this matter	-	
	Shawn Alan Petyers		
		Name of Person	
	STUNT PILOT STUDIO	LLC	
		Firm/Company	
	2755 Valencia Drive		~ 3 [©]
		Address	2023 SEP
	Sarasota, FL 34239		2023 SEP -
		City/State and Zip Code	
	shawnalanpeters@gmail		
r e . al i . e i		to be used for future annual report notification)	5 PM 12: 40
	n concerning this matter, please c	ail:	.
Shawn Alan Peters		214 497-3738 at()	
Nam	ne of Person	Area Code Daytime Telepho	ne Number
Enclosed is a check fo	or the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registratio Division o		Street Address: Registration Section Division of Corporation	ns
P.O. Box 6	5327	The Centre of Tallahas	see

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUNT PILOT STUDIO LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	 _
The Articles of Organization for this Limited I	Liability Company	were filed on 08/20/2023	and assigned
Florida document number L19000218912	······································		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
Peerless Pool Company LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2755 Valencia Drive	
		Sarasota, Florida	
		34239	
			202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SEI
			98
			07 70
			1 CRA
B. If amending the registered agent and/or	registered office :	address on our records, <u>enter the r</u>	
agent and/or the new registered office addre	ess here:	, 	0 3
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		. Florida	ı
		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.

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effective date is listed, the ee: If the date inserted in ument's effective date or	this block does not a	meet the applicable			
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cord specifies a delayed of filed.	effective date, but no	t an effective time,	at 12:01 a.m. on the	earlier of: (b) The 90	in day after th
August 20		2023			

Typed or printed name of signee

Shawn Alan Peters