# 119000225900

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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## **COVER LETTER**

TO:	Registration Se Division of Cor		,	
SUBJE		LPHIN POOL SERVICES OF	NE FLORIDA LLC	
SOBJE	L1:	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter t	to the following:	
		JENNIFER JONES		
		BLUE DOLPHIN POOL SE	Name of Person RVICES OF NE FLORIDA LLC	
		7030 BEECHFERN LN S	Firm/Company	
		JACKSONVILLE FLORIDA	Address 32244	<del></del>
		BLUEDOLPHINPOOL@OU	City/State and Zip Code TLOOK.COM	
		E-mail address: (t	to be used for future annual report notif	ication)
For furt	ner information c	oncerning this matter, please ca	all:	
JENNII	ER JONES		904 2109591 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>= \$</b> 25	.00 Filling 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)

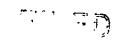
### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BLUE DOLPHIN POOL SERVICES OF NE FLORIDA LLC

2019 OCT - 7 PM 12: 20

(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 SEPT. 6 2019 and assigned Florida document number L19000225900 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

#### 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

<u>Title</u>	Name	Address	Type of Action
MGR	ADAM JONES	7030 BEECHFERN LN S JACKSONVILLE FLORIDA	
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	9/30/2019			
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an effective date is listed, the date must be store: If the date inserted in this block of	specific and cannot be prior does not meet the applic	to date of filing or more the able statutory filing req	an 90 days after tiling.) Pursuant to uirements, this date will not be	o 605.0207 : : listed as 1
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e record specifies a delayed eff The 90th day after the record		ot an effective time	at 12:01 a.m. on the e	arlier of:
SEPTEMBER 30	2019			
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JENNIFER JONES	nature of a member of auth	orized representative of a f	nember	

Page 3 of 3

Filing Fee: \$25.00