To:



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		Account Number	: 120000000146	\(\frac{\partial}{\partial}\)
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22	**Enter t	he email addres ual report maili	s for this business entity to be used for future .ngs. Enter only one email address please.**	70:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEIGHBORHOOD POOL STORE LLC

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THELASS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

neighboorhood pool store L		
(Name of the Limited L (A.F.	iability Company as it now appears on our record: lorida Limited Liability Company)	<u>i.</u>
The Articles of Organization for this Limited Liabil	ity Company were filed on 09/26/2019	and assigned
Florida document number L19000235194		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	2019 S.E.
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	or the abbreviation "L.C."
Enter new principal offices address, if applicable	a:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records address here:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
_		ori d a
	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
AMBR	JAMIE M. RAPHAEL-PALLAS	777 S. FEDERAL HWY APT G-309	
		POMPANO BEACH, FL 33062	□ Remove
			☐ Change
AMBR	ALAN GREENAN	366 MADDOCK ST	🗆 Add
		WEST PALM BEACH, FL 33405	□ Remove
			. Some
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