L19 000 265 838

(Requestor's Name)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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09/21/22--01016--002 **30.00

2022 SEP 21 AHII: 17 SECRETARY OF STATE

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT:	Rentals LLC	ited Liability Company	
	Name of Lin	med Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Darren Frauenheim		
	****	Name of Person	
	Aloha Pool Rentals LLC		
		Firm/Company	
	2036 Sea Hawk Circle		
	`	Address	
	Ponte Vedra Fl. 32082		P SEI
	Fraugy 19@yahoo.com	City/State and Zip Code	2022 SEP 21 MIN: 17 2022 SEP 21 MIN: 17 SECRETARY OF STATE SECRETARY SEE: FIL
		to be used for future annual report notification	·
For further information c	oncerning this matter, please c	all:	Mo = -
Darren Frauenheim		904 6072909 at ()	, ku
Name o	f Person	Area Code Daytime Telep	phone Number
Enclosed is a check for the	ne following amount:		
□ \$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 Addres Registration S		Street Address: Registration Section	
Division of C		Division of Corporat	ions

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aloha Pool Rentals LLC

company has been notified in writing of this change.

(// / / / / / / / / / / / / / / / / / /	ility Company as it now appears on our records, ida Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Florida document number L19000265838	Company were filed on 10/23/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
		S 23
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC"	or the authorization "L.L.G."
Enter new principal offices address, if applicable:		27 2
Principal office address MUST BE A STREET ADD	DRESS)	大学・竹野
		SP R I
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		he name of the new regi
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
		rida Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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

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>	<u>Name</u>	Address	Type of Action
manager	Larissa Frauenheim	2036 Sca Hawk Circle	≅ Add
		Ponte Vedra Fl. 32082	□ Remove
			□Change
			□Add
			□Remove
			Change
	*****		SECRETAR SEP ZALL / AR
······			Add
			□ Remove
			□Change
 			□Add
			□Remove
			□Change
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			□Remove
			□Change

				
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ective date, if other than the date of filing:		(optio	nal)	
effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicab				
sument's effective date on the Department of State's records.				
cord specifies a delayed effective date, but not an effective time s filed.	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	er the
, med.				
9/19/2022 2022				
cd	_ ·			
ed 9/19/2022 , 2022 Wall Full City Signature of a member or authorize	٠.			