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Office Use Only

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TO: Registration Section Division of Corporations	
SUBJECT: Baileys Pool G	and Sa Maintenance, LLC
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	
Brandon	Bailey Name of Person
Baileys F	2001 and Spa Maintenance
10407-00 +,1=62 =	Ster Island Ceve
APOUNT-T	Rack 33572
CLOLARIZATION	City/State and In Code Con
For turther information concerning this matter, please ca	to be used for future annual report notification)
Brandon Bailey	at (213) 453 2273 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	The same of the sa
□ \$25.00 Filing Fee Certificate of Status	S55,00 Filing Fee & S60,00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tellshoors
P.O. Box 6327 Fallahassee, FL 32314	The Centre of Fananassee
The second of th	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF OF 1 2 1309 209 138

Bully Pola (Name of the Limited	Liability Company as it now a Florida Limited Liability Comp	launtencum (any)	e, Lic
The Articles of Organization for this Limited Liab Florida document number <u>LJ90002</u> -	bility Company were filed o	m_11/5/2019	and assigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of the		Brungen 1000	
The new name must be distinguishable and contain the wor	de Limited Liability Company	the designation 21 design the ab	breviation "L.I.,C."
Enter new principal offices address, if applicate (Principal office address MUST BE A STREET	ADDRESS	JO FO76)	75 08 P 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE(BO)	gencin th		PH 2: 40
B. If amending the registered agent and/or reg	gistered office address on c	our records, enter the nam	e of the new registered
agent and/or the new registered office address Name of New Registered Agent:	<u>hеře</u> : Е12	6 at mici	いっかっしょう
New Registered Office Address:	Ente	rr Florida street address	
	City	, Florida	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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member Name **Address** Type of Action Cove Apoir Beach GREMOVE □Remove □Change 22 **№** \cong :Remove __ □ ∧dd _ □Remove □Change □Add _ 🗆 Remove _ □Change Mir ist. □Remove

_____ □Change

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Effective date, if other than the date of fi	iling:			(optional)		
f an effective date is listed, the date must be specific <b>Note:</b> If the date inserted in this block does n	e and cannot be prior to not meet the applicab					
document's effective date on the Department	of State's records.					
record specifies a delayed effective date, but	not an effective tim	e, at 12:01 a	a.m. on the earlie	er of: (b) The 90	nh day aft	er the
rd is filed.						
Dated 8-10-2022  Brand						
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