## L20000002682

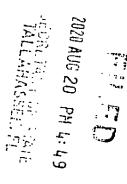
	(Requestor's Name)	
	(Address)	
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PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of 9	Status
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## **COVER LETTER**

SUBJECT:	poolhouse U	<u> </u>	•	•	
306/1.21.	·	ited Liability Company	<del>-</del>		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Vexonica	Beach Name of Person			
	Pool	10USE LLC Firm/Company			
	<u>4925</u> (	ollins Ave	#7A		
	Miami 9	Seach, FL City/State and Zip Code	33140	)	
	Vecuncaa - E-mail address: (t	The poolhase of be used for future annual report no	.COV	202 351 75	
For further information co	oncerning this matter, please ca	dl:		שלררי רעיריו מעררי	
Verenica	Barch	at (310) 741-	139 le	2020 AUG 20 SEURLIAE TALLAHAS	
Name of	f Person	Area Code Daytii	ne Telephone Number	PH 4: 4	
Enclosed is a check for th	e following amount:			9	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	٠,
		-			

TO:

Registration Section **Division of Corporations** 

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doolhase UC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	
The Articles of Organization for this Limited Liability Company were filed on $20000002682 - 8100000000000000000000000000000000000$	December 23, 201 and assigned 4-4159060
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	alai ani ani i Maria alai kira ani ani ani ani
	edesignation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	202 7
	22 0
	W6 2
Enter new mailing address, if applicable:	200
(Mailing address MAY BE A POST OFFICE BOX)	
	22.5
	77 9
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:	
	lorida street address
	Florida
City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 Type of Action Address 1975 Lenox Rd NE XADD Atlanta, GA 30306 Remove □Change Exia Sollivan □ Change AMBR Panala Buziek □ Change □Add Remove □Add □ Remove \_\_\_\_ □Change

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Signature of a member or attitude	orized representative of a member		<i>-</i>
Veranica Beach			
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