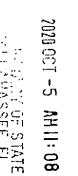
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COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Gulf Gate Pool Service, LLC Name of Limited Liability Company	- ·
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Zachary Gracey Jame of Person	
Gulf Gate Pool Service, LLC.	
2824 Seaspray St.	
Sarasota, FL. 34231	
Gity/State and Zip Code gulfgate pool Service @ gmail. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
7 achary Gracey at (410) 698.7700 Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy)	Status &

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

Gulf Gate Pool	Service, LLC.
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number 24 - 4328089	by were filed on $01/16/2020$ and assigned
This amendment is submitted to amend the following:	
	of Sara sota, LLC.
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	Same (2824 Seaspray St.)
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2020 CT - 5 - 15 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	te address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 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
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			□Remove
			□Change
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Note: If th	ie date inserte	d in this bloo	ck does no	t meet the	applicable						
document's	s effective dat	e on the Dep	partment o	l'State's re	cords.						
the record en	ecifies a delay	ed effective	date hut n	at an effer	tive time	at 12·01 a π	n on the ear	lier of: (b)	11he 90	th day s	after the
cord is filed.	terries a detay	ed encenve	uate, out i	or an enec	Aive time,	at 12.01 a.n	ii. on the car	ner (ii. (ii)	1110 70	an day a	arret (inc
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