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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

TO: Registration S Division of C				_
The Pool	Station			ť
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Brendan Davidson			
		Name of Person	 	7672
	The Pool Station		ر المراجعة من المراجعة من المراجعة	7822 CCT 17 MM 7:31
		Firm/Company		
	1540 Yvonne Street		SSEES	
		Address	, TAT	ယ
	Apopka, FL. 32712		Lu .	
		City/State and Zip Code		
	brendan_davidson94@yaho	so.com to be used for future annual report notificat	ion)	
For further information	concerning this matter, please c		,	
Brendan Davidson		407 342-9920		
Name	e of Person	at ()	lephone Number	•
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is a	atus &
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Pool Station LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our re Liability Company)	cords.)
he Articles of Organization for this Limited Liability Company	were filed on $01/15/2020$	and assigned
lorida document number [L2000002280]		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
rendan Davidson LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1540 Yvonne Street	
Principal office address MUST BE A STREET ADDRESS)	Apopka, FL. 32712	7697
		- 3
nter new mailing address, if applicable:	1540 Yvonne Street	The second secon
Mailing address MAY BE A POST OFFICE BOX)	Apopka, FL. 32712	SER A D
		: 31 FAT
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	idress
	City	, Florida
	City	гір Соде

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		
AMDD -	Authorized	34	

AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
		Remove 9CTChange	
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Effective date, if other than the	he date of fil	ling:			(op:	tional)		
If an effective date is listed, the date n Note: If the date inserted in this	nust be specific block does no	and cannot be po of meet the app	rior to date of dicable statu	filing or more that story filing requ	n 90 days aft irements, th	er filing.) I vis date w	ursuant ill not b	to 605.0207 be listed as
document's effective date on the	Department of	of State's recor	ds.					
e record specifies a delayed effect rd is filed.	tive date, but	not an effectiv	e time, at 12	:01 a.m. on the	earlier of: ((b) The	90th da	y after the
Dated October 7		2022						
			1					
	\sim		<u> </u>	esentative of a m				

Typed or printed name of signee