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COVER LETTER

Division of Corporations
SUBJECT: Mission Pool Buildus 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:
Rebekah Richards Name of Person
Mission Pool Builders LLC Firm Company
2649 Stonyhill Court
Cape Coral FL 33991 City/State and Zip Code Mission pool buil clars a sympail Com E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Rebellah Richards at (239) 440-8446 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Mission Pool Buil	ders LLC
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1200009759}{2}$	were filed on OH OG 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2649 Stonyhill Ct
(Principal office address MUST BE A STREET ADDRESS)	2649 Stonyhill Ct Cape Coras FL 33991
Enter new mailing address, if applicable:	2049 Stonyhar St
(Mailing address MAY BE A POST OFFICE BOX)	- Carrie Cot as 1 - 25 - 5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	> -
New Registered Office Address:	Enter Florida street address
	, Florida

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
AMBR	Rebeltah Richards	2649 Stonyhill Ct	□Add
		2649 Stonyhill Ct Cape Coral, FL 33991	□Remove
			XIChange
			□Add
			□Remove
			□Change
		<u></u>	□Add
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_			Signature of	a member of	r authorized r	epresentative	of a member	<u> </u>		
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Filing Fee: \$25.00