120000097592

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SEP 01 2020 S. YOUNG

COVER LETTER

	ool Builders LLC	* *	ed."
SUBJECT:	Name of Lin	nited Liability Company	· · · · · ·
Division of Corporations Mission Pool Builders LLC			
Please return all correspo	ondence concerning this matter	to the following:	
	Rebekah Richards		
		Name of Person	
	Mission Pool Builders LL	c	
		Firm/Company	· · ·
	2649 Stonyhill Court		
		Address	
	Cape Coral, FL 33991		
		City/State and Zip Code	
For further information		•	ification)
	concerning this matter, piease e		
		at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status &
Mailing Addres Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co.	rporations
P.O. Box 632		The Centre of	
Tallahassee,	rl 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mission Pool Builders LLC		
(Name of the Limited Liability Comps (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number L20000097592	were filed on <u>04/06/2020</u>	and assigned
his amendment is submitted to amend the following:		5°
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:	324 Nicholas Pkwy W, Unit D	
Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33991	
	324 Nicholas Pkwy W, Unit D	
Inter new mailing address, if applicable:	Cape Coral, FL 33991	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		me of the new regist
	Enter Florida street address	
	, Florida _	** C 1
	City	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 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>	<u>Address</u>	Type of Action
AMBR	Rebekah Richards	2649 Stonyhill Court	
		Cape Coral, FL 33991	
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change

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				_
				
ective date, if other than the effective date is listed, the date me: If the date inserted in this lument's effective date on the limits.	ust be specific and cannot be prior block does not meet the applic	cable statutory filing requi	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	o 605.020 e listed a
cord specifies a delayed effecti	ve date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
s filed.				
hily 14th	, 2020	<u> </u>		
s filed. July 14th ed	Lelak La Rignature of a member or auth	- charle		_