## 1200000 97993

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DOCK POOLES POOL 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:	
haydian Boothe-Matthaws	
Firm/Company	
427 Cazetta Way	
West Palm John Fl 33413	
City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report not fication)	
For further information concerning this matter, please call:	
hayolian Bothe - Mathew Jat (Sol) Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Substitute S30.00 Filing Fee Certificate of Status S25.00 Filing Fee Certificate of Status S25.00 Filing Fee Certificate of Status S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status S25.00 Filing Fee Certificate of Status Certificate Opy (additional copy is enclosed)	

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

The Articles of Organization for this Limited Liability Company Florida document number 420000 97993  This amendment is submitted to amend the following:	were filed on 4/7/2020 and assigned as 3
A. If amending name, enter the new name of the limited liab	ility company here:
A. If amending name, ener the new hance of the mineed name	mry company nere.
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	424 Gazetta Way
(Principal office address MUST BE A STREET ADDRESS)	West Palm Boach 74334
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	West him mach fr
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

## 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.

Cuv

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Mervyn Moore	18342 NE 2naxve Miami 7L 33179	🗆 Add
		Miami 7L (33/79	Remove
			©Change
			□Add
			🗆 Remove
			□Change
			□Add
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ctive date, if other that effective date is listed, the defective date inserted in ment's effective date on	late must be specific a this block does not	nd cannot be prior to t meet the applicab			ng.) Pursuant to 605.02
ord specifies a delayed e filed.	effective date, but n	ot an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
Deil April	12	. 2020			
	Sonature of	a member or authori	zed representative of	a member	