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Y SULKER MAY 1 9 2020

	uardian Loyalty Pool Service.	LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Martone, Brian A			
		Name of Person		
		Firm/Company		
	1405 S. Federal Highway,	Apt. 118		
		Address		
	Delray Beach, FL 33483			
	ctation 14@inhord.com	City/State and Zip Code		
	station44@icloud.com E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Brian A Martone		954 240-1010 at ()		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
- <u>Mailing Addres</u> Registration	Section	Street Address: Registration Se		
Division of C P.O. Box 632	corporations 27	Division of Co The Centre of	•	
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

TO ARTICLES OF ORGANIZATION OF

Integrity Guardian Loyalty Pool Service, LL	.C			
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our a Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability (Company were filed on 04/16/2020)	and as	ssigned
Florida document number 1.20000104585	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
Guardian Pool Service, LLC				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designatio	n "LLC" or the abl	oreviation "I	"I"C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
(maning dadress mar be a rost of rice box)	• • •	······································	1 ~.	
			\$ 20 \$ 20 \$ 20	
B. If amending the registered agent and/or registered	d office address on our records,	enter the name	e of the ne	w regi
agent and/or the new registered office address here:		ائن مائن • • •		
		i.	P	177
Name of New Registered Agent:	**************************************			-
New Registered Office Address:			30	
	Enter Florida street	address		
		Florida		
	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 will 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 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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
			□ Add
			□Remove
			Change
			□Add
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Filective date, if other than the date of filing: an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. Gote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lists occurrent's effective date on the Department of State's records. The poth day after it filed. April 30 2020 Signature of a member or authorized representative of a member.						
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