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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	= #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO:

Registration Section

Division of Corporations	· • • • • • • • • • • • • • • • • • • •
SUBJECT: Paradise Pols S	Entitled Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	
Michael	S Sutton
Paradis	S Sutton Name of Person Pools Service LLC Firm/Company
100000	Firm/Company
10901 She	Address City/State and Zip Code
_ .	Address
Lakeland	FC 33810
	City/State and Zip Code
other colses	machicaru
E-mail addres	ss: (to be used for future annual report notification)
For further information concerning this matter, pleas	e call:
idnelSectt Sutten	at (202) 860-7637 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$30.00 Filing Fee \$Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallabassee, FL 32303

ARTICLES OF AMENDMENT TO ~ ARTICLES OF ORGANIZATION OF

Paradise Pools Service LLC



21 MAY 24 PM 1:01

Zip Code

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 42000128194	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A <u>POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: A A STATE OF THE PARTY OF THE P

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 21 MAY 24 PM	Type of Action
MGR	Heather N Sutton	Losa Sherrouse Rd Losheland, FL 35810	& Add
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an effe ote:	ve date, if other than ective date is listed, the dat If the date inserted in the ent's effective date on t	e must be specific and iis block does not n	cannot be prior to neet the applicab	date of filing or mor	e than 90 days after f	iling.) l	Pursuant to 605,0207 ill not be listed as
record is fil	d specifies a delayed eff ed.	fective date, but not	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The	90th day after the
ited _	Meny 21		2021				
	Much	Signature of a	nember or authoriz	zed representative o	f a member		
				'			

Filing Fee: \$25.00