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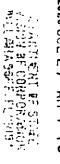
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### **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |   |
|--|--|---|---|
| SUBJECT:                               | A humble ent                                 | POOLSC LLC ited Liability Company                                   |   |
| The enclosed Articles of               | Amendment and fee(s) are sub-                | mitted for filing.  |   |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |
|  | Aheen  | Name of Person  | <del></del>   |
|  | <u>Ahumbi</u>                                | E ENTERPRISE  |   |
|  | 3991 NM                                      | 174th St. Address   |   |
|  | miami Ga                                     | dens FL 3305<br>City/State and Zip Code                             | 6   |
|  | CIJ HUMBII<br>E-mail address: (1             | e enterprises of o be used for future annual report notifie         | egmail.com  |
| For further information c              | oncerning this matter, please ca             | dl:   |   |
| A Keem<br>Name o                       | Jones<br>f Person                            | at ( <u>954</u> ) <u>703</u><br>Area Code Daytime                   | Telephone Number  |
| Enclosed is a check for the            | ne following amount:                         |   |   |
| ⊠ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| <u>Ahumbie enterr</u>  | MISES LLC  |                            | _ <del></del>        |                 |
|--|--|----------------------------|----------------------|-----------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida L   | Company as it now appears<br>imited Liability Company) | on our records.)           | 023                  | -17             |
| The Articles of Organization for this Limited Liability Con  | mpany were filed on                                    | une 1941 a                 | and assigne          | :dT             |
| Florida document number <u>L200017176</u>  | 6  |                            |                      | 111             |
| This amendment is submitted to amend the following:  |  |                            | 1926 <b>-</b>        |                 |
| A. If amending name, enter the new name of the limite  | ed liability company her                               | <u>re</u> :                |                      | <b>&gt;</b>     |
| The new name must be distinguishable and contain the words "Limite   | ed Liability Company," the de-                         | signation "LLC" or the     | abbreviation "L.L.C. | <del></del>     |
| Enter new principal offices address, if applicable:  |  |                            |                      |                 |
| (Principal office address MUST BE A STREET ADDRE   | <u></u> _  |                            |                      |                 |
|  |  |                            |                      |                 |
| Enter new mailing address, if applicable:  |  |                            | <del></del>          |                 |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                            |                      | <del></del> -   |
|  |  | _                          |                      | <del></del>     |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our re                               | cords, enter the <u>na</u> | ame of the new re    | <u>gistered</u> |
|  |  |                            |                      |                 |
| Name of New Registered Agent:  |  |                            | <u> </u>             | <u></u>         |
| New Registered Office Address:   | Enter Flori  | da street address          |                      | <del></del>     |
|  |  | . Florida                  |                      |                 |
| . <del></del> .  | City   | , Fiorida                  | 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 Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|-------------|--------------------|----------------|
| <u>amb</u> e | Abeem Jones | 3001 NW 174111 St. | ĎZAdd          |
|              |             |                    | □Remove        |
|              |             |                    | □Change        |
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|              |             |                    | □Change        |

| f am   | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| Note:  | tive date, if other than the date of filing:  |
| e reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. |
| Date   | 1 July 22, 2020.  |
|        | Signature of a member or authorized representative of a member  |
|        | Signature of a memoer of authorized representative of a memoer  |
|        | AKco Jones  Typed or printed name of signee   |

Filing Fee: \$25.00