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COVER LETTER

SUBJECT: Pruim Pool and Spa LLC Name of Limited Liability Company	Division of Cor	perations	•	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Clay Pruim	Pruim Pool		•	
Please return all correspondence concerning this matter to the following: Clay Pruim	SUBJECT:		ited Liability Company	
Please return all correspondence concerning this matter to the following: Clay Pruim				
Clay Pruim Name of Person	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Name of Person Pruim Pool and Spa LLC Firm/Company 17511 N Sunset Ter Address Winter Garden FI 34787 City/State and Zip Code claypruim@gmail.com F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Clay Pruim at (407 9676438 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: See S25.00 Filing Fee Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Street Address:	Please return all correspo	ondence concerning this matter	to the following:	
Name of Person Pruim Pool and Spa LLC Firm/Company 17511 N Sunset Ter Address Winter Garden FI 34787 City/State and Zip Code claypruim@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Clay Pruim Area Code Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: See Sec. Certificate of Status Certificed Copy (additional copy is enclosed) Mailing Address: Street Address:		Clay Paria		
Pruim Pool and Spa LLC Firm/Company		Ciay Fruim		···
Firm/Company 17511 N Sunset Ter Address Winter Garden Fl 34787 City/State and Zip Code claypruim@gmail.com F:-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Clay Pruim 407 9676438 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:			Name of Person	
Address Winter Garden FI 34787 City/State and Zip Code claypruim@gmail.com F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Clay Pruim at (Pruim Pool and Spa LLC		
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Division of Corporations Division of Corporations	-			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

Pruim Pool and Spa LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our record imited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability Con	mpany were filed on 07-06-2020	and assigned
Florida document number L20000191719	,	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Pruim Enterprises LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		921
• • •		PR
<u>Principal office address MUST BE A STREET ADDRE.</u>	<u></u>	
	 	SSE 12
Enter new mailing address, if applicable:		
		5000
Mailing address MAY BE A POST OFFICE BOX)		<u> 🌣 </u>
3. If amending the registered agent and/or registered ogent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new regist
igent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
	Fi	orida
	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 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
		1,000	□Add
			□Remove
			□Add
			□Remove
			PR PAdd
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			□Change

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Signature of a member or authorized representative of a member	April 8			
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