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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Passion Pool	s, LEC		
SOBSECT.		Name of Lim	ited Liability Company	
The enclosed	I Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		John C. Baumann		
			Name of Person	
		Carr Butterfield, LLP		
			Firm/Company	
		5285 Meadows Road, Ste	199	
			Address	
		Lake Oswego, Oregon 970	035	
			City/State and Zip Code	
		Chris.Sleight@truadvicellc. E-mail address: (.com to be used for future annual report no	otitication)
For further in	iformation co	ncerning this matter, please ca		
John C. Bau	mann		503 635-5244	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address:	<u> </u>	Street Address:	

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIONS... -2 Fit 1: 05 OF

Passion Pools, LLC		
(Name of the Limited Lia (A Flor	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability		20 and assigned
Florida document number <u>L20000224330</u>		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registe agent and/or the new registered office address here		enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	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 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 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

Title	<u>Name</u>	<u>Address</u> 2.11\$.11-2 Fit 1:06	Type of Action
MGR	Christopher Sleight	7352 Hawkins Road, Sarasota, FL 34241	\(\overline{
			□Remove
			□Change
AMBR	Christopher Sleight	7352 Hawkins Road, Sarasota, FL 34241	□Add
			= Remove
			□Change
AMBR	Rence Sleight	7352 Hawkins Road, Sarasota, FL 34241	🗆 Add
			Remove
			□Change
AMBR	Brian Vance	5605 Mauna Loa Blvd, Unit 213, Sarasota, FL 34240	
			Remove
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