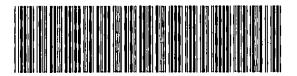
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COVER LETTER

Registration Section
Division of Corporations

BJECT: American Patriot Pool Services, LLC

enclosed Articles of Amendment and fee(s) are submitted for filing.

ise return all correspondence concerning this matter to the following:

Louis Pollard Smitt.

Name of Person

American Patriot Pool Services, UC

Firm Company

445D Stonebridge Fd.

Addless

Destin Florida. 32541

City/State and Zip Code

Louis. p. smith @ American Cafriot pool Services.

E-mail address: (to be used for future annual report notification)

Com

urther information concerning this matter, please call:

-DUIS Smith at (281) (630-6947)
Name of Person Area Code Daytime Telephone Number

ised is a check for the 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, Certificate of Status & Certified Copy (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

(A Florida Limited)	Liability Company)	
e Articles of Organization for this Limited Liability Company orida document number <u>L 2000025324</u> 1	were filed on <u>August 18,7070</u> and assig	gned
is amendment is submitted to amend the following:	the following: Same of the limited liability company here:	
If amending name, enter the new name of the limited liab	oility company here:	
new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L	C."
ter new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADDRESS)		
	20	
	0CT	
ter new mailing address, if applicable:		
'ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office and/or the new registered office address here:		registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City Zıp Code	
w Registered Agent's Signature, if changing Registered Agent:	<u> </u>	•
visions of all statutes relative to the proper and complete rept the obligations of my position as registered agent as μ	performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or, if this docum	and nent is

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager BBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
MBR	Louis Smith	4450 Stonebridge Rd Destan Florida, 32541	□Add DRemove
nßr	Bu Waters Edge	4450 Stonehoide Pd	TChange
101	By Waters Edge Holdings, Inc	4450 Stonebridge Rd Destin Horida, 32541	□Remove
			Change
—			⊆Add ⊟Remove
			Change
			□Add
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			Change

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: If the date inserte	than the date of filing:	020 ed a
ord specifies a delay filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
1 Octob	Signature of a member or authorized representative of a member	
Louis		

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