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(Requestor's Name)
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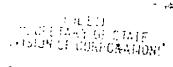
COVER LETTER

O: Registration Section Division of Corpora			
SUBJECT:	tt Pool	SLLC.	·
	Name of Lun	nited Liability Company	
The enclosed Articles of Amer	idment and fee(s) are sub	mitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
 -	Ashley t	Excess Sxy5 Name of Person	·
_	LOUELL POO	S UC Firm/Company	
_	1009 NE 1	Address	
2	ocala, Fu	City/State and Zip Code	
\mathcal{L}	10 CH POO E-mail address: (to	o be used for fulfure annual report no	Iffication)
For further information concern	ing this matter, please ca	II:	
FORY Sukys Name of Person	1	at (350) 857- Area Code Daytin	1740 ne Telephone Number
inclosed is a check for the follo	wing amount:		
☑ \$25.00 Filing Fee □ \$	330.00 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	n	<u>Street Address:</u> Registration Se	ection
Division of Corpora		Division of Co	
P.O. Roy 6327		T1 0 . 45	-

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR -5 PH 12: 06

_ Lovett Pa	ols LLC
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L</u> 200349924	pany were filed on 11 4 20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1609 NEITH AUE
(Principal office address MUST BE A STREET ADDRESS	s Ocala, FL 34470
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	ley Terese Sitys
New Registered Office Address: 1629	Enter Floridu street address
000	City , Florida 34470 Zip Code

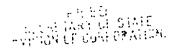
New Registered Agent's Signature, if changing Registered Agent:

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



21 APR -5 PH 12: 06 Address **Type of Action Title** <u>Name</u> Imuis lavett 2840 NW 18th 5t - Add OCGIA, FL 34475 VIRemove _____ □Remove Change _____ □Add _____ □Remove ____ □Change ____ □Remove _____ □Change _____ □Add _____ □Remove _____ □Change

mending any other infor	mation, enter change(s)	here: (Attach addition	d sheets, if neces	sary.)
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ctive date, if other than effective date is listed, the date	the date of filing:	prior to date of filing or more	(optio) than 90 days after f	
	is block does not meet the ap the Department of State's rec		equirements, this	date will not be listed
ord specifies a delayed effe filed.	ective date, but not an effecti	ive time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
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	7 lines	Form		
	Signature of a member or	authorized representative of	a member	