## L20000361095

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration So Division of Cor			
	OOLS SOUTH LLC		
SOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
	ondence concerning this matter		
	RENAUD COWEZ		
		Name of Person	
		Firm/Company	
	13887 WHISPERWOOD	DRIVE	
		Address	
	CLEARWATER, FL 3376		
	RCOWEZ76@GMAIL.CO	City/State and Zip Code  M	
	<del>-</del>	to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
RENAUD COWEZ		727 560-0196	
Name o	f Person	at () Area Code Daytim	e 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. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	. /	The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PETTIT POOLS SOUTH LLC	Sin 2 7 7
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L20000361095	0,5
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	13887 WHISPERWOOD DRIVE CLEARWATER, FL 33762
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Flavide A pat address

## 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

, Florida

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>	Name	Address	Type of Action
AMBR	DAVID OSBORNE	115 S LOIS AVE, APT 213	<b>=</b> Add
		TAMPA, FL 33609	
			□Change
	<del></del>		□Add
			Remove
			Change
			Remove
			Change
	<del></del>	<del>-</del>	🗆 🗆 🗆 🗆 Add
			Remove
			🗀 Change
			□Add
			□Remove
			□ Change
		<del></del>	
			□Remove

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Filing Fee: \$25.00