K21000012126

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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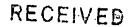
MAR 1 6 2022

D CUSHING

COVER LETTER

_	istration S sion of Co	ection orporations				
SUBJECT:	Top Note	h Pools LLC				
		Name of Foreign	Limited L	ability Co	ompany	
Dear Sir or I	Madam:					
The enclosed	d applicat	ion, certificate and fee(s) a	ire submitte	d for filing	g.	
Please return	n all corre	spondence concerning this	matter to t	he followi	ing:	
Bryan H. Silb	erberg					
		Name of Person				
Top Notch Po	ols LLC				2022 S. T.	
		Firm/Company		_	HAR	
2470 Watersio	de Dr				2022 MAR -7 PH 2: 49 SECRETARY OF SULL	;
		Address				1
Lake Worth, I	FL, 33461				6 1 :	
		City/State and Zip Code				
Honeymoonpo	ools@gmai	1.com				
E-mail ad	dress: (to	be used for future annual	report notif	cation)		
For further i	nformatio	on concerning this matter,	alease call:			
Bryan H. Silb			561 at (667-9	457	
	Name	of Person	·	de & Day	time Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Section forporations 7		Registr Division The Co 2415 N	Address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	
Encl	losed is a	check for the following a	mount:			
□\$25 Filing			S55 Filii Certified	_	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E055 (9/15)



TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE MAR -7 PM 12: 11 Division of Corporations SECRE MAY ALL MATE

February 8, 2022

BRYAN H SILBERBERG TOP NOTCH POOLS LLC 2470 WATERSIDE DR LAKE WORTH, FL 33461

SUBJECT: TOP NOTCH POOLS LLC

Ref. Number: L21000012126

We have received your document for TOP NOTCH POOLS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 022A00003086



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Notch Pools	s LLC	AND TO SERVICE AND TO
Top Notch Poucs (Name of the Limited Liab (A Flori	ility Company as it now appears on ou ida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on 🚾 🕕	14/21 and assigned
Florida document number <u>L2100001216</u>	<u>36</u> .	F-19
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Honeymon Pool B SPA The new name must be distinguishable and contain the words "L	5 LLC	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new registered
	•	
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
- -	Enter Florida stre	et 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			Change
			□Add
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