## 1210000314X8

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



000359852820

02/15/21--01013--009 \*\*25.00

2021 ADA FIES IN SHES 22

Office Use Only

C. Aller



## Freedom Tax Service Plus

Bob and Joanne Fiddler, Owners

Personal and Business Taxes, Small Business Bookkeeping & Payroll Services

February 8, 2021

Florida Dept of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Regarding changing Last Name on LLC # L 21000030428

Attn Registration Section:

Attached is the Amendment to the Articles of Organization of Florida LLC # L21000030428

Please change the last name of Dylan F Young to Dylan F Franklin.

Enclosed is the check for the \$25 filing fee.

If you have any questions, please contact:

His address is:

Dylan Frankin at 850-612-1297

5399 Constitution Road Crestview, FL 32539

Thank you for your time and attention to this matter.

Low (Idelly

Lori Uccello

Phone: 850-683-104

Fax: 850-683-19:

## **COVER LETTER**

Registration Section Division of Corporations

TO:

Crystal Blu	e Pools of NWF1, LLC		
aubject.	e Pools of NWF1, LLC  Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dylan F. Franklin		
		Name of Person	Name of Person  LLC  Firm-Company  Address  Sity/State and Zip Code  se used for future annual report notification)  850 612-1297  at {
	Crystal Blue Pools of NW		
		Firm-Company	<del></del>
	108 Beacons Bend Rd.		
		Address	
	Crestview, Fl. 32536		
Firm Company  108 Beacons Bend Rd.  Address			
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Dylan Franklin			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	El \$30.00 Filing Fee & Certificate of Status	• •	Certificate of Status & Certified Copy
Mailing Addres Registration S		<u>Street Address:</u> Registration So	
Division of C	-	Division of Co	•
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	ratianassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crystal Blue Pools of NWFL LLC		
(Name of the Limited Liability Compa (A Florida Limited	Iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000030428	were filed on <u>01/13/2021</u>	and assigned
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 Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	-154-0	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ime of the new register
agent andor the new registered ornice address here.		
Name of New Registered Agent:		202
Name of New Registered Agent.		IFEB
New Registered Office Address:	Emer Florida street address	
	Third Famou Spect maness	$\sim \omega_0^2$
	, Florida _	Zip Côde
	•	Sp Code
New Registered Agent's Signature, if changing Registered Agent;		22
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and 1 an provided for in Chapter 605, F.S. G	n familiar with and Ir, if this document is
If Chai	nging Registered Agent, Signature of New I	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dylan F Young	108 Beacons Bend Rd.	
		Crestview, FL 32536	_
			□Change
MGR	Dylan F Franklin	108 Beacons Bend Rd.	
		Crestview, FL 32536	□Remove
			□Change
<del></del>			TAdd
			□Remove
			\ \ \ \ \
			□Remove
			[]Change
<del></del>			□Add
			□Remove
			□ Change
			Remove
			⊡Change

			<del></del>
			<del></del>
			<del></del>
			<del></del> -
			<del></del> -
			<del></del>
			<del></del>
Effective date, if other than the	it be specific and cannot be prior to date out does not meet the applicable sto	(optional) of filing or more than 90 days after filing.) Pursuant attitory fitting requirements, this date will not	t to 605.0207 be listed as
Note: If the date inserted in this bi document's effective date on the D e record specifies a delayed effectiv		12:01 a.m. on the earlier of: (b) The 90th da	ny after the
Note: If the date inserted in this bit document's effective date on the D e record specifies a delayed effective d is filed.  Echruary 5		12:01 a.m. on the earlier of: (b) The 90th da	ay after the
Note: If the date inserted in this bit document's effective date on the D erecord specifies a delayed effective d is filed.	e date, but not an effective time, at		ay after the
Note: If the date inserted in this bidocument's effective date on the December of the following specifies a delayed effective distilled.	e date, but not an effective time, at	epresentative of a member	ay after the

Filing Fee: \$25.00