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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C			
	Pro Pools LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre-	spondence concerning this matter	to the following:	
	Vanessa Calhoun		
		Name of Person	
	Parasec		
		Firm/Company	
	2804 Gateway Oaks Dr # 1	00	
		Address	
	Sacramento, CA 95833		
	·	City/State and Zip Code	
	rlsos@parasec.com	to be used for future annual report not	ification
For further information	on concerning this matter, please c		,
Vanessa Calhoun		916 576-7000	
Nan	ne of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	S30.00 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 Add Registratio		<u>Street Address:</u> Registration Sc	ection
Division o	f Corporations	Division of Co	rporations
P O Boy 6	377	The Centre of	Lahanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Galaxy Pro Pools LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) Ed Liability Company)	
The Articles of Organization for this Limited Liability Comparison document number <u>L21000168918</u>	ny were filed on 04/12/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
		<u>-1 22 </u>
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the	abhroviation 151C.
Enter new principal offices address, if applicable:	1132 CANAL ST APT D	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	RUSKIN, FL 33570	AS: 23
		m, p
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1132 CANAL ST APT D RUSKIN, FL 33570	II: 59
		1
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent: Show	en Rainiger	
New Registered Office Address: 1132	Canal St. Apt	- 9
R.	Skin Florida_	33570

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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stuen Reiniger	1132 Canal St. Mpt D	BAdd
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			□Change
			🗆 Add
		,	Change Change
			Change SSLE FLORIDA SSLE FLORIDA SSLE FLORIDA
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an effective date is lote: If the date	f other than the d listed, the date must be inserted in this bloc ive date on the Dep	e specific and one in the contract of the cont	cannot be prior to cet the applica	o date of filing or a	nore than 90 days	ptional) after filing.) Pr , this date wi	arsuant to 605 Il not be liste	.0207 ed as
ocument 3 crees	a delayed effective	date, but not a	un effective tin	ne, at 12:01 a.m.	on the earlier o	f: (b) The 9	Oth day afte	r the
record specifies	•							
record specifies I is filed.	7	··	2021	 '				
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