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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor					
eum iez		Pools LLC				
SUBJEC	,1:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Michelle E. Knsot				
			Name of Person			
		Teal Vision Pools LLC				
			Firm/Company			
		316 Leah Miller Dr. NW	316 Leah Miller Dr. NW			
			Address			
		Fort Walton Beach,FL 325	48			
		tealvisionpools@gmail.com	City/State and Zip Code to be used for future annual report notil	Section)		
For furth	er information c	oncerning this matter, please ea		nearron,		
Michelle	E. Knost		850 865-6240			
	Name o	f Person	at () Area Code Daytime	e Telephone Number		
Enclosed	is a check for the	he following amount:				
□ \$25.0	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		Street Address:			
	Registration S Division of C		Registration Sec Division of Cor			
	P.O. Box 632		The Centre of T	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Teal Vision Pools LLC			<u> </u>
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on Aug	ust 2,2021	and assigned
Florida document number L21000347.5\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbrevia	ution "L.L.C."
Enter new principal offices address, if appli	cable:	······································	·- <u></u> -
(Principal office address MUST BE A STRE	ET ADDRESS)		
		9 5	2021
Enter new mailing address, if applicable:		7021 SFF	
Mailing address MAY BE A POST OFFICE	E BOX)		2
		201 - 40 (2) - 3	- iii
		(.)	
B. If amending the registered agent and/or	~	cords, enter the name of	the new regist
ngent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Michelle E. Knost		
New Registered Office Address:	316 Leah Miller Dr. NW		
	Enter Floria	la street address	
	Fort Walton Beach	, Florida ³²⁵⁴⁸	
	City		p 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Christen L. Montoya	316 Leah Miller Dr. NW	
•		Fort Walton Beach,FL 32548	■Remove
MGR	Joshua D. Montoya	316 Leah Miller Dr. NW	
		Fort Walton Beach,FL 32548	≣Remove
			☐ Change
			□Add
		····	[]Remove
			□Change
~ ~~~~			□ Add
			□Remove
			□Change
			[]Remove
			□Change
			□ Add
			□Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	· · · · · · · · · · · · · · · · · · ·	
		
		
		
Note	tive date, if other than the date of filing:	to 605.0207 (3 ne listed as th
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day iled.	y after the
Date	September 16 , 2021	
	Signature of a member or authorized representative of a member	
	Michelle E. Knost Typed or printed name of signee	