L21000364840

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	CITY POOL AND DESIGN, I	LLC	
	Name of Lim	ited Liability Company	
d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
ı all correspo	ndence concerning this matter	to the following:	
	Micah Clukey		
	NCIENT CITY POOL AND DESIGN, LLC Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: Micah Clukey Name of Person Clukey & Tebault, LLC Firm/Company 201 Owens Avenue, Unit A Address Saint Augustine, Fl. 32080 City/State and Zip Code vroberts@clukeyandtebault.com E-mail address: (to be used for future annual report notification) remation concerning this matter, please call: at (904) 6793119 Name of Person Area Code Daytime Telephone Number heck for the following amount: ng Fee Signal Sign		
		Firm/Company	me Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) section orporations
enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: Micah Clukey			
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	Saint Augustine, Fl. 32080	•	
Micah Clukey Name of Person Clukey & Tebault, LLC Firm/Company 201 Owens Avenue, Unit A Address Saint Augustine, F1. 32080 City/State and Zip Code vroberts@clukeyandtebault.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: lukey at (
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	ANCIENT of ANCIENT of Ancient of Anticles of a all corresponds a check for the Filing Fee dilling Address gistration Services of Co. Box 632	ANCIENT CITY POOL AND DESIGN. I Name of Lim Anticles of Amendment and fee(s) are sub a all correspondence concerning this matter Micah Clukey Clukey & Tebault, LLC 201 Owens Avenue, Unit A Saint Augustine, Fl. 32080 vroberts@clukeyandtebault. E-mail address: (Information concerning this matter. please concerning the second at the following amount: Filing Fee S30.00 Filing Fee & Certificate of Status Silling Address: gistration Section vision of Corporations	ANCIENT CITY POOL AND DESIGN, LLC Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filing. If Articles of Amendment and fee(s) are submitted for filing. All correspondence concerning this matter to the following: Micah Clukey

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANCIENT CITY POOL AND DESIGN, LL		
(Name of the Limited Liabili (A Florid	ty Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C Florida document number L21000364840	Company were filed on 08/13/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>ente</u> r	SECHE DARY OF SECTOR SECTION S
agent and/or the new registered office address here.		56
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street addre	ss
	, FI	lorida
	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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Roberts, Joseph	2821 Pellicer Road	
		Saint Augustine, FL 32085	≣Remove
			Change
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Effective date, if other than the	07/01/202	3	(optional)		
f an effective date is listed, the date mus	be specific and cannot be prior		than 90 days after filing	g.) Pursuant to	
Note: If the date inserted in this bl document's effective date on the D			equirements, this date	: will not be	listed as
e record specifies a delayed effectived is filed.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) T	he 90th day	after the
Dated June 29	2023	 -			
	///	7 _			
	Signature of a member or auti	horized representative of	a member		_

Filing Fee: \$25.00