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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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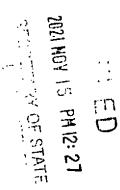
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A. RIVERSDEC - 6 2021



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Get Wet Pool Service of SWFL LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elias Hernandez
Get Wet POD! Service of SWFL LLC
1626 Country Club PKWY
Lehigh Acres 71 33936 City/State and Zip Code
GetwetPoolService Swfl & amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elias Hernande Z at (239) 878-8186 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\ S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

01

_ bet Wet Po	DI Service of SWFL LLC
(<u>Name of the Limited</u> (/	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lial Florida document number 42000368	Dility Company were filed on $8-17-2021$ and assigned 4.51 .
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
	N/A
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:
(Principal office address MUST BE A STREET	ADDRESS)
	·
Enter new mailing address, if applicable:	~ 1.4
(Mailing address MAY BE A POST OFFICE B	,
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	Elias Hernandez
New Registered Office Address:	1626 Country Club PKWY Enter Florida street address
	Lehigh Acres Florida 71 33936
New Registered Agent's Signature, if changing Re	gistered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I antifamiliar with and cred agent as provided for in Chapter 605, F.S. Or, if this focument is gistered office address, I hereby confirm that the limited liability ange.
	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

AMDIX - Au	ANDR - Authorized Method					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	Elias Hernandez	1626 Bunty Club Pru	Add			
		Lehigh Acros Fl 33936	□Remove			
AMBR	Elias Hernandez	1626 Canty Club PK	Add			
		Lehyl Acres 71	□Remove			
		<u>33936</u>	□Change			
			□Add			
			□Remove			
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(If an eff Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Movember 9th, 2021
	Movember 94, . 2021. * Elias Hermandes Signature of a member or pathorized representative of a member
	Clias Hernardez

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