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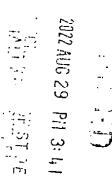
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Office Use Only



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A. PUTLER
PEC - 2 2022

COVER LETTER

TO: Registration Sec Division of Corp		,	
Aqua Dude	Pool and Handyman Services	LLC	
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Stephanie Goebel		
	-	Name of Person	
	ZenBusiness Inc.		
	-	Firm/Company	
	5511 Parkerest Drive, Ste.	103	
		Address	
	Austin, TX 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
D Comb in Comments		to be used for future annual report notifi	cation)
	ncerning this matter, please ca		
Stephanie Goebel c/o Zen		844 493-6249 at ()	Telephone Number
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 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 tadditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aqua Dude Pool and Handyman Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08-23-2021}{1}$ Florida document number 1.21000377308 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Aqua Dude Pool and Spa Service LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Title	<u>Name</u>	<u>Address</u>	1 ype of Action
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			Remove
			Change
			Remove
			Change
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		-112-11	Change

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		-	
			
Effective date, if other than	the date of filing:		(optional) ys after filing.) Pursuant to 605.0207 (3)(
Note: If the date inserted in th	e must be specific and cannot be prior his block does not meet the application he Department of State's records.	able statutory filing requiremen	ys after filing.) Pursuant to 605.0207 (3) its, this date will not be listed as the
the record specifies a dela) The 90th day after the	ayed effective date, but no record is filed.	t an effective time, at 12	:01 a.m. on the earlier of:
Dated August 19	2022		
/s/Andrew Robert			
/S/MIGICW ROOCH			

Page 3 of 3

Typed or printed name of signee