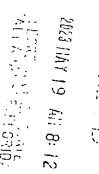
## LN000319202

(Req	uestor's Name)	
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Certified Copies	Certificates	s of Status
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Office Use Only

A. RIVERS

JUL 1 8 2023

## **COVER LETTER**

то:	Registration So Division of Con							
SUBJEC	Envision P	ools LLC						
SOBJEC	-li	Name of Lim	ited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ondence concerning this matter	to the following:					
		Amber McGrew	Name of Person					
			Name of Person	<u> </u>				
		Oaks Accounting LLC						
		<del></del>	Firm/Company					
		311 N Excelda Ave						
			Address					
		Tampa, FL, 33609						
			City/State and Zip Code	<del></del>				
		amcgrew@oaksaecounting.	com to be used for future annual report	and the second				
For furth	ter information o	concerning this matter, please co		Hotheanaly				
Amber I	McGrew		321 442075	3				
	Name o	of Person	at () Area Code Da	ytime Telephone Number				
Enclosed	d is a check for t	he following amount:						
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address Registration	Section	Street Addres Registration	Section				
	Division of C	•		Corporations				

P.O. Box 6327

Tallahassee, FL 32314

.

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Plorid	lity Company as it now appears on our records da Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Florida document number L21000379202	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	_
		262
The new name must be distinguishable and contain the words "Liv	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		27.8
``	<del></del>	
(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:		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		····
	Enter Florida street address	Y.
	. Flo	orida
	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
AMBR	Jeanne Atweli	320 North Walton ave, Tarpon Springs FL 34689	<b>≣</b> A₫d
			Remove
			□Change
	<del></del>		□Add
			□Remove
			Change
<del></del>			□Add
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			Remove
			□Change

May 10th										
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		s a delayed effecti	ve date, but not a	n effectiv	e time, at 12	:01 a.m. on	the earlier o	f: (b) The	90th day after	the
Signature of a member or authorized representative of a member			May 10th	2023	,					
Signature of a member or authorized representative of a member	ated		·							
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Filing Fee: \$25.00