## L21000 417 864

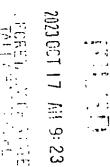
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

POOL CENTURION GROUP LLC SUBJECT: 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: Michelle Fons Name of Person POOL CENTURION GROUP LLC Firm/Company 100 N Krome Ave Address Florida City, FL 33034 City/State and Zip Code michelle@poolcenturion.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michelle Fons 218-0650 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations

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**

, , ,	on Chiay LLC					
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	<del></del>				
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000 417 86</u> 4	y were filed on	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lia	bility company here:					
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LEC" or the	ne abbreviation (EL.C."				
Enter new principal offices address, if applicable:		806 AL				
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)		The W				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the r</u>	name of the new registered				
Name of New Registered Agent:		<u> </u>				
New Registered Office Address:	Enter Florida street address					
	. Florida	1				
	, Florida	Zip Code				
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>					
I hereby accept the appointment as registered agent and ag	ree 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
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Filing Fee: \$25.00