# 121000452419

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C. BRUMBLEY NOV - 9 2021

# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:	· Clear Pool Si	olutions, LLC.	<u> </u>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u> </u>	Ronald W. Hanser	٦
		Name of Person	
		Firm/Company	
	1		
	100	Calley Ct.	<del></del>
		,	
	<u> </u>	City/State and Zip Code  Whonsen (D) Comes  to be used for future count report notifies	32259
	<b>)</b>	City/State and Zip Code	1
	Fon 2 C	to be used for future annual report notifice	st. Net
For further information c	oncerning this matter, please c	•	,
Ronald	Hansen	at (904) 718 -	8019
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	is:	Street Address:	
Registration S		Registration Secti	
Division of C P.O. Box 632	-	Division of Corpo The Centre of Tal	
Tallahassee, l		2415 N. Monroe S	

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clear Pool Solutions;	UC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our reco pility Company)	ords.)
The Articles of Organization for this Limited Liability Company we	ere filed on Detobe	18th 2021 and assigned
Florida document number <u>L21000452419</u> .		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company "the decignation "I	C" or the abbreviation "L. L. C."
	Company, the designation El	be of the aboveviation E.E.C.
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	SAME	28
<del>-</del>		
		<u>n</u>
Enter new mailing address, if applicable:	SAME	25
(Mailing address MAY BE A POST OFFICE BOX)		75 <b>= 11</b>
		_ ; ≥ œ <b>□</b>
	· · · · · · · · · · · · · · · · · · ·	20
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	lress on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:	SAME	
New Registered Office Address:	Enter Florida street addi	
	isnier r tortaa street aaai	CON
<del></del>	1	Florida Zip Code
	City	гір Соае

#### 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>	Name	Address	Type of Action
MBR	Ronald W. Hansen	100 Gley Ct-St Johns F	32259 Lemadd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	······································	□Add	
		□Remove	
		□Change	
		□Add	
			□Remove
			□Change

# Page 2 of 3

). If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	I am adding My Name to the "Authorized Representative" Section along with my Spouse.
	This is very Confusing and a Government Loople extract additional PEES! It should Automatically clude the REGISTERED AGENT as an AR epon a Business BANKACCOINT.
(If an effective danse Note: If the contract of the contract o	October 18th 2020 & No Later Hom—  te, if other than the date of filing: November 1st, 2021 (optional)  date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 605.0207 (3)(b) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
b) The 90th	Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.  Delotar 18  Manual Ma
_	Signature of a member or authorized representative of a member  Runald W. Hansen  Typed or printed name of signee