

K21000493592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

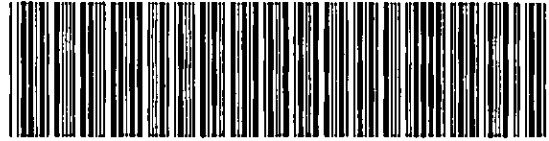
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FILED
2022 MAR 28 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHOCKWAVE POOLS OF NORTH FLORIDA L.L.C.
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:

TABATHA WILLOUGHBY

Name of Person

Firm/Company

1191 GLENWAY DRIVE

Address

PERRY, FL 32347

City/State and Zip Code

SHOCKWAVEPOOLSOFNORTHFLORIDA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TABATHA WILLOUGHBY

850 838-7895
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
(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**

SHOCKWAVE POOLS OF NORTH FLORIDA L.L.C.

(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 11/17/2021

Florida document number L21000493892

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

1191 GLENWAY DRIVE

PERRY FL 32347

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1191 GLENWAY DRIVE

PERRY FL 32347

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:

TABATHA WILLOUGHBY

New Registered Office Address:

1191 GLENWAY DRIVE

Enter Florida street address

PERRY

City

Florida 32347

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.

Tabatha Willoughby
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TABATHA WILLOUGHBY	1191 GLENWAY DRIVE	<input checked="" type="checkbox"/> Add
		PERRY, FL 32347	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN WILLOUGHBY JR	2429 SIDNEY BLANTON ROAD	<input type="checkbox"/> Add
		PERRY, FL 32347	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MANDY SAWYER	2429 SIDNEY BLANTON ROAD	<input type="checkbox"/> Add
		PRRY, FL 32347	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZANE WILLOUGHBY	2429 SIDNEY BLANTON ROAD	<input type="checkbox"/> Add
		PERRY, FL 32347	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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)(b)

If the record 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 record is filed.

Jabatha Weiss

TABATHA WILLOUGHBY

Filing Fee: \$25.00