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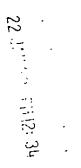
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T. MATTHEWS FEB - 4 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: PUTIFIED 1	POOL SETVICE LLC ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s Please return all correspondence concerning thi	
rease return an correspondence concerning an	s mader to the following.
Princ	Le Muholland Name of Person
Purif	ed POOL Service UC
17291	JW St. Lycie West BIND #1109
Port 5	St LUCIE, FL 34980 City/State and Zip Code
Pincer E-mail	MUMOlland & AMTUL COM address: (to be used for future annual report notification)
For further information concerning this matter,	please call:
Prince Muhalla Name of Person	at (954) 407-8850 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing Fe Certificate of \$	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 NOV 3312001 and assigned Florida document number 221000501806 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 "LLC," be Solath Balcourt 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.

City

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	Prince mulhorland	1509 5E South	DAdd
		balcourt ct	□Remove
		POIT St Luciefe 349	≨ 2□Change
			□Add
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n effective <u>te:</u> If the	ate, if other than date is listed, the date date inserted in th effective date on th	e must be specific : his block does no	and cannot be pot meet the app	plicable statuto	ing or more than 9 ry filing require	(optional) 0 days after filing ments, this date	.) Pursuant to 605.02 will not be listed a
cord spec s filed.	ities a delayed effi	ective date, but i	not an effectiv	e time, at 12:0	1 a.m. on the ca	rlier of: (b) Th	ne 90th day after th
cd <u>)</u> Cd	nuay	24	201	23 .			
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