LZZCZZO16174

(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer. Norme was approved in error. A free annindment was 155 ved to Fix the error.
3/17/72

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COVER LETTER

TO:		istration Sec ision of Corp			F : •		,	
SUBJE		Jake's Pool S	ervices					`
SOBJE	.C1.		Name of Lim	ited Liability Company	1	5 () 8 2 022	i -	
					БҮ:			
The enc	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.			207	
Please r	return	all correspon	dence concerning this matter	to the following:			2022 / 11:5	÷
			Jake Evans					
				Name of Person			PH	1.
			Ocean Avenue Pool Service	ees			PH I2: 09	
				Firm/Company		_ ~ ,	u.	
			6466 Emerald Dunes Dr A	pt 103				
				Address				
			West Palm Beach/ FI/ 334	11				
			20100 "	City/State and Zip Code	-			
			Jake.evans2019@gmail.com E-mail address: (n to be used for future annual report notification)	-		
For furt	her in	formation co	ncerning this matter, please c	all:				
Jake Ev	ans			561 4033642				
		Name of I	Person	at ()	hone Numb	per		
Enclose	d is a	check for the	following amount:					
□ \$ 25	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & E Certified Copy (additional copy is enclosed)	Certific Certific	Filing Fee, cate of Status ed Copy all copy is enclo		
	Reg Div P.O	ling Address: gistration Se ision of Co . Box 6327 lahassee, FI	ection rporations	Street Address: Registration Section Division of Corporate The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite		2022 ALIC 17	

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 $\frac{01}{07}/2022$ and assigned Florida document number L22000016174 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ocean Avenue Pool Service LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6466 Emerald Dunes Dr Enter new principal offices address, if applicable: Apt 103 (Principal office address MUST BE A STREET ADDRESS) West Palm Beach, Fl, 33411 6466 Emerald Dunes Dr Enter new mailing address, if applicable: Apt 103 (Mailing address MAY BE A POST OFFICE BOX) West Palm Beach, Fl. 33411 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 , Florida City

New Registered Agent's Signature, if changing Registered Agent:

Jake's Pool Services

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 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>	Type of Action
			□Add
			□Remove
			□ Change
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		<u></u>				
	Effective date, if other (If an effective date is listed, t	than the date of filing	ng:	 (0)	ptional)	(05 0307 /3)
Effective date, if other than the date of filing:	(ii dii cirective date is risted, e				itter tilino) Purcua	

Filing Fee: \$25.00