## L22 0000 20795

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Con			•
SUBJECT: Poolside P	ool Guys LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<del> </del>	Name of Person	
	ZenBusiness INC		
		Firm/Company	<del></del>
	336 E. College Ave Suite	301	7300
		Address	<del></del>
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co	om	· ·
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	در
c/o ZenBusiness INC		844 493-6249	
Name o	f Person	at () Area Code Daytim	e Telephone 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	-
Tallahassee 1			allallassee s Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Poolside Pool Guys LLC (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 01/11/2022 and assigned Florida document number \_\_1.22000020795 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." 86095 venetian ave Enter new principal offices address, if applicable: Yulee, FL 32097-2615 (Principal office address MUST BE A STREET ADDRESS) ٤. ت ၂ ဌ၃ 86095 venetian ave Enter new mailing address, if applicable: Yulee, FL 32097-2615 (Mailing address MAY BE A POST OFFICE BOX) ر. ۲ 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 \_

## 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 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	Joshuah Matos	86095 Venetian ave	
		Yulee, FL 32097-2615	□ Remove
			■ Change
AMBR	John Bor	82154 Hooded Warbler Court	□ Add
		Yulee, F1. 32097-2615	■Remove
		<del></del>	⊇ Add
			Remove
			⊡Change 
			□ Remove
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	be specific and cannot be prior to date of filing ack does not meet the applicable statutory	(optional)  g or more than 90 days after filing.) Pursuant to 605.0  y filing requirements, this date will not be listed
e record specifies a delayed effective rd is filed.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after
	2022	
Dated		
Dated	/s/ Joshuah Matos	
Pated	··	ntative of a member

D.D. E. 655.0