## L22000044841

| Muchael Collins (Requestor's Name)                       |
|--|
| 2465 Sw Falcon Cir                                       |
| 2465 SW Falcon Cir<br>(Address)<br>Ort St. Lucie FL 3495 |
| (City/State/Zip/Phone #)                                 |
| PICK-UP WAIT MAIL  |
| (Business Entity Name)                                   |
| (Document Number)  |
| Certified Copies Certificates of Status                  |
| Special Instructions to Filing Officer:                  |
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|  |
| Office Use Only  |



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| Collins Pools, LLC   |   |  |
|--|---|--|
| (Name of the Lim   | ited Liability Company as it now a<br>(A Florida Lumited Liability Comp | opears on our records.)                            |
| The Articles of Organization for this Limited I  |   |  |
| Florida document number U22000044841   |   | and assigned                                       |
| This amendment is submitted to amend the fol   | lowing:   |  |
| A. If amending name, enter the new name of   | of the limited liability compa  | <u>ıy here</u> :                                   |
| 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 appli  |   |  |
| (Principal office address MUST BE A STRE   | ——————————————————————————————————————                                  |  |
| -  |   |  |
|  |   |  |
| Enter new mailing address, if applicable:  |   |  |
| (Mailing address MAY BE A POST OFFICE  | BOX)  |  |
|  |   |  |
|  |   |  |
| B. If amending the registered agent and/or<br>agent and/or the new registered office addre | registered office address on o  | ur records, enter the name of the new registere    |
| agent and of the new registered office address   | ess nere:   |  |
| Name of New Registered Agent:  | Morgan Collins  |  |
| New Registered Office Address:   | 2465 SW Falcon Cir  |  |
|  | Ente  | r Florida street address                           |
|  | Port Saint Lucie  | , Florida 34953                                    |
|  | City  | 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.

Y (Varga: Collina
H 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 |
|--------------|-----------------|--|----------------|
| MGR          | Michael Collins | 2465 SW Falcon Cir Port Saint Lucie, Ft. 34953 | ■Add           |
|              |                 |  |                |
|              |                 |  | ©Change        |
| AMBR         | Mergan Collins  | 2465 SW Falcon Cir Port Saint Lucie, Fl. 34953 | <b>=</b> Add   |
|              |                 |  | = Remove       |
|              |                 |  | □Change        |
|              |                 |  | □Add           |
|              |                 |  | □Remove        |
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|              |                 |  | GRemove        |

□Change