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OIVISION OF CORPORATION

T. MATTHEWS
JUL 2 0 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

subject: Sunsh	ine Dayz Po	SO Service Line	nited Liability Cor	npa
		, , ,		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
	idence concerning this matter			
	Bren	da R. Sama	niego	
		Name of Person	J	
		Firm/Company		
	5664	Pecan Rd	<u> </u>	
	Ocala	FL 34472 City/State and Zip Code	<u> </u>	
		•		
	E-mail address: (12000 Q Vahoo. to be used for future arrival report no	otification)	
For further information co	oncerning this matter, please c	all:		
Dana la 10	5.0.00,000	.352 45	4-7900	
Drenda R. Name of	Person Person	at (<u>35.2.) 45</u> Area Code Dayt	ime Telephone Number	
Enclosed is a check for th	e 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:		Street Address:	.	
Registration S Division of C		Registration S Division of C		
P.O. Box 632	7	The Centre of	Tallahassee	
Tallahassee, I	1. 32314	2415 N. MON	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION SECRETARY OF STATE DIVISION OF CORPORATIONS

SUNSHING DAY 2 Pool Service Limited Liability Company as it now appears on our records.

(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 Jongary 21, 2022 and assigned Florida document number L 22000 49131.

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."

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:

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

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
MGR	Amber Sweeny	3 Silver Pass Court	[\$\int Add
		Ocala FL 34472	□Remove
		<u></u>	□ Change
4MBR	Patrick Sweeny	3 Silver Pass Cou	(} DAdd
		Ocala FL 34472	□Remove
			□Change
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record sp I is filed.		yed effective da	ite, but not a	n effective tir	ne, at 12:01 a.	m. on the ear	lier of: (b)	The 90th day aft	er the
ated <u></u>	May 1	17th Blonds	nature of a me	2027 2007 ember or author	rized represents	D	ner		
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