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COVER LETTER

то:	Registration Sec Division of Corp			~		• •
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SUBJE		RK POOL SERVICE LLC		:		_
		Name of Lim	iited Liability Company			
The enc	losed Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspon	ndence concerning this matter	to the following:			
		ESMERALDA MORAN				
			Name of Person			
		GREY SHARK POOL SE	RVICE LLC			
			Firm/Company			
		2235 GOLFVIEW ST				
			Address			_
		LAKELAND, FLORIDA	33801			
			City/State and Zip Cod	le		
		GONZALO.PEREZ115977	@GMAIL.COM to be used for future annu	al rapart notificat	ion	_
Unio Gine	han in Communication are			ar report nouncar		
		oncerning this matter, please c				
ESME	RALDA MORAN		863 8 at () _	899-7699		·
	Name of	Person	Area Code	Daytime Te	lephone Num	her
Enclose	d 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 e		Certif Certif	Filing Fee, ficate of Status & fied Copy final copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Regist Divisi The C 2415	Address: tration Sectio ion of Corpor Centre of Talla N. Monroe St nassee, FL 32	ations ahassee treet, Suite	e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREY SHARK POOL SERVICE LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our record I Liability Company)	<u>s.</u>)
Γhe Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number L22000078441		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	hility company here:	
'he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		20 2 ⊝¶
		<u>الله</u> الله
The new name must be distinguishable and contain the words "Limited Liah 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 agent and/or the new registered office address here:		JUL 2
		Soft in
		5 2 5 2
	address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	×.
	, Fle	orida
	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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GONZALO PEREZ	2235 GOLFVIEW ST	≡ Add
		LAKELAND, FL 33801	□Remove
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
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