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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Freedm Poc	ols of Florida LLC Amendment Name of Limi	of name ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Perry Dunbar	Name of Person	
		Firm/Company	
	7701 Hackamore Rd	Address	
	Zephyrhills, Fl. 33541	City/State and Zip Code	-
	E-mail address; ()	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Perry Dunbar Name o	f Person	at (207) 669-2506 Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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)

Street Address: Registration Section Division of Corporations Mailing Address: Registration Section Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

FREEDM POOLS OF FLORIDA LLC

2022 HAR 21 PM 4: 10

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) SECRETARY OF STATE TALLAHASSEE, Fl The Articles of Organization for this Limited Liability Company were filed on 02/28/2022 Florida document number L22000102229 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FREEDOM POOLS OF FLORIDA LLC 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 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
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