(December Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(*)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boddinent Number)
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RECEIVED 2023 SEP 12 PH 3: 08 ALLAHASSEE, FLUIN,

COVER LETTER

TO: Registration Se Division of Cos				
Pool Safe	Pros LLC			
SUBJECT:	Name of Lin	nited Lisbility Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Robert Strickland			
		Name of Person		
	SLS			
		Firm Company		
	634 Spring Avenue	,		
		Address		
	Ridgewood, NJ 07450			
		City/State and Zip Code		
	rstrickland634@gmail.co			
For further information of	E-mail address: concerning this matter, please o	to be used for future annual report not	hileation)	
	toneering this matter, prease c			
Robert Strickland		201 280 0229 at () Area Code Daytir		
Name (of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	L \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration Sc	ection	
Division of C		Registration Section Division of Corporations		
P.O. Box 631		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pool Safe Pros 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 March 17, 2022	and assigned
Florida document number L22000106383		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lish	ility company here:	
Optiv8 LLC		
The new name must be distinguishable and contain the words "Limited Liabs	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> 20</u>
(Principal office address MUST BE A STREET ADDRESS)		73 S
		TP
		12
Enter new mailing address, if applicable:		SSS TI
·		
(Mailing address MAY BE A POST OFFICE BOX)		
agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (m familiar with and Or, if this document is
If C ba	nging 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>	<u>Name</u>	Address	Type of Action
			i Ādd
			□Remove
			□Remove
			□Change
			
			LJRemove
			_ []Remove
		-	
			□Remove
-	·		□Add
			□Remove
			Change

					<u>.</u>
					
		<u> </u>			
					
			-		
					
					
Effective date, if other in an effective date is listed, the Note: If the date inserted document's effective date	e date must be specific in this block does no	and cannot be prior to of meet the applica			
accument s enceive date	on the Department o	is state's records.			
e record specifies a delayend is filed.	d effective date, but i	not an effective ti	ne, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
		2023			
August 11			_		
Dated	RANKIND		_		
Dated	RAME Signature of	t a member or autho	rized representative of	a member	

Filing Fee: \$25.00