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A. RAMSEY AUG 3 0 2022

COVER LETTER

TO: Registration So Division of Cor			
Salt Life Po	pols ile		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dillon Hornbuckie		
		Name of Person	
	Salt Life Pools LLC		
	-	Firm/Company	
	8456 Adele Road		
		Address	·
	Lakeland,Florida 33810		
		City/State and Zip Code	
	dillonhornbuckle22@gmail	.com to be used for future annual report no	tification)
For further information of	concerning this matter, please c	·	
Dillon Hornbuckle		636 697-7711	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (ED) OF

2022 JUN 13 PM 12 35

	•••
Salt Life Pools LLc	• •
Built Life I 00/3 DEC	
(Name of the Limited Liability Co.	mpany as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{4-27-22}{2}$ and assigned Florida document number _____L22000200249 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AND Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." n/a 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: n/a Name of New Registered Agent: n/a New Registered Office Address: Enter Florida street address n/a ___, Florida <u>^{n/a}__</u> City

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
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			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The good specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated June 3rd 2022 Signature of a member or authorized representative of a member				 	
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Willes White	June 3rd	2022	1	_	
Signature of a member or authorized representative of a member	Pated		11/1/	7	
Signature of a member or authorized representative of a member		Willes !	Kithe	<u>. </u>	
		Signature of a member or auth	norized representative of a	member	
	Dillon Hornbuckle		ted name of signee		

Filing Fee: \$25.00