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, TO:

Registration Section
Division of Corporations

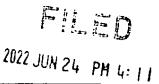
Tallahassee, FL 32314

POOL F SUBJECT:	PATROL, SVC LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	MICHAEL ANGER				
		Name of Person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	POOL PATROL, SVC LL	С			
		Firm/Company			
	2998 WEST CYPRESS D	RIVE			
		Address			
	DUNNELLON, FLORIDA	A 34433			
		City/State and Zip Code			
	GUARDANGER2007@YA				
	E-mail address: (to be used for future annual report noti	fication)		
For further informatio	n concerning this matter, please c	all:			
MICHAEL ANGER		352 470-9752 at ()			
Nam	e of Person		c Telephone Number		
Enclosed is a check fo	r the 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 Add		Street Address:	ation.		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6		The Centre of T	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



POOL PATROL, SVC 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 05/10/2022 and assigned

Florida document number 1.22000219561

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 "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 Agent's Signature, if changing 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>	<u>Address</u>	Type of Action
MGR	MICHAEL R ANGER	2998 W. CYPRESS DR, DUNNELLON FL 34433	\equiv Add
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