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Special Instructions to	Filing Officer:	
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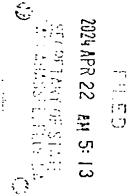
Office Use Only



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04/22/24--01027--018 **30.09





SUBJECT: Duck	Duck Pool Se	rvice LLC	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Adriar	Name of Person	
		Name of Person	
		Fimt/Company	
	4107 11th	St West Address	
	<u>Lehigh</u>	Acres Florida, 339 City/State and Zip Code	71
		ruiz 1231 @ gmail, con to be used for future annual report	
For further information co	oncerning this matter, please ca	•	·
Adrian F	ζυi 2.	at (<u>239</u>) <u>2</u>	50 91 68 Time Telephone Number
Name of	Person	Area Code Day	time Telephone Number
Enclosed is a check for th	c 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 Address Registration S	_	Street Address	
Division of Co		Registration Division of (
B O B (200)	- '		p - 31

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

MILITEDES OF MALITARIES

TO ARTICLES OF ORGANIZATION OF

Duck Duck Dool Service	و الله		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears pility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company we	ere filed on	05/26/2022	and assigned
Florida document number <u>L 22000 244897</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company her	<u>'e</u> :	
Mallard Pool Service LLC			
Mallard Pool Service LLC The new name must be distinguishable and contain the words "Limited Liability	Company," the des	signation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	, 5)
		:*************************************	420
Enter new mailing address, if applicable:			APR
(Mailing address MAY BE A POST OFFICE BOX)			22
		7.1	<u>∓</u> (7)
		0.50	cù
B. If amending the registered agent and/or registered office address here:	lress on our rec	cords, enter the name	of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
		Florida	
	City		Zip Code
Now Designated Amenal's Circulature of the series Designated Amena			

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 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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
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). If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	e date, if other than the date of filing:
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	04/16/2024
	Advian Luiz Signature of a member or authorized representative of a member
	AdVianRuiz Typed or printed name of signee