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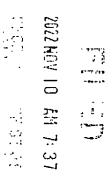
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUD IE		on Pool Service of Spring Hill,	LLC	
SUBJEC	.l:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Austin Chandler		
			Name of Person	
		Blue Lagoon Pool Service	of Spring Hill, LLC	
			Firm/Company	<del></del>
		9635 Century Drive		
		**************************************	Address	
		Spring Hill, FL, 34608		
		*	City/State and Zip Code	<del>. ,</del>
		bluelagoonpoolcare@gmail		
For firsth	we information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	tification)
		oncerning this matter, prease e		
Austin C	Chandler		352 6781284 at ()	
	Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>=</b> \$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 Addres Registration S	<del></del>	Street Address: Registration So	ection
	Division of C	orporations	Division of Co	rporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 June 27, 2022

The Articles of Organization for this Limited Liability Company were filed on June 27, 2022

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Blue Lagoon Pools & Service, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

Blue Lagoon Pool Service of Spring Hill, LLC

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

Enter Florida street address

\_, Florida \_\_\_

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
MGR	Alice Tennyson	9635 Century Dr., Spring Hill, FL, 34608	□Add
			Remove
			□Change
<del> </del>			□Add
			□Remove
			□Change
<del>-</del>			□Add
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			□Change
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			□Remove
		***************************************	□Change
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e record specifies a delayed effective ed is filed.	date, but not an effectiv	re time, at 12:01 a.m. or	n the earlier of: (b)	The 90th day after the
Dated November 7th	. 2022	<del></del> '		
Pated	handles	·		
Pated	,	uthorized representative o	of a member	

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