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J. HORNE
AUG 2 6 2022

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COVER LETTER

TO: Registration Sec Division of Corp		,i	
SUBJECT:	FINAL POU	LS OF FLORI	BA, LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person	
	FINN P	Octs Of Floring Firm/Company	A, LLC
	2105	Guil LN. B	
	SAFETY	HAIZISOIZ, FL City/State and Zip Code	34645
	Jim @	Bikinipools.	port notification)
For further information co	encerning this matter, please ca		
JAMIES	Find	at (<u>7-27)</u>	542-2103
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ection orporations	Division	ion Section of Corporations
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINA POOLS OF FLORIDA

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(A Florida Li	imited Liability Company)	Tour records.)
The Articles of Organization for this Limited Liability Cor Florida document number		7/14/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		Ann a
	Enter Florida	
	City	, Florida Zip Code

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 Changing 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
AMBIZ	JAMES FINAL	SAFETY HARROR, FL 34695	&Add
			□Remove
			□Change
<u>AM1317</u> .	LIAM BRIEN	2105 GULL LN. SAFETY HARBOR, FL 34695	Owndd
			□Remove
			□ Change
			□Add
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
f the recor ecord is fil	d 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 ed.
Dated	August 26, 2022.
	August 26, 2022. Signature of a member or authorized representative of a member JAMES FINN
	Signature of a member or authorized representative of a member
	JAMES FINN
	Typed or printed name of signee

Filing Fee: \$25.00