Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 : (813)932-3782 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POOL AMERICA LLC

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Corporate Filing Menu

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1/1

Fax: 18139325244

COVER LETTER

(((H22000357627 3)))

TO: Registration Section Division of Corporations SUBJECT: POOL AMERICA LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **ROMAN ALBANO** Name of Person CONTRACTORS REPORTING SERVICE INC Firm/Company 13795 N NEBRASKA AVE TAMPA, FL 33613 City/State and Zip Code info@activatemylicense.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ROMAN ALBANO** Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

Registration Section
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

From: Roman Albano DocuSign Envelope ID: 5FF296C9-D3B8-44B0-AE3E-EC3A5D7E6DBA

Fax: 18139325244

company has been notified in writing of this change.

To: LLC Amendments

Fax. (850) 617-6383

Page: 4 of 6

10/18/2022 3:10 PM

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

PC	DOL AMERICA LLC	<u></u>
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 8/10/2022	and assigned
Florida document number <u>1.22000352093</u>	_ _ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere		e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	*	Zip Code
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register	complete performance of my duties, and a agent as provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Roman Albano

From: Roman Albano Fax: 18139325244 To. LLC Amendments Fax: (850) 617-6383 Page: 5 of 6 10/18/2022 3:10 PM (1122600037027 97))

DocuSign Envelope ID: 5FF296C9-D388-4480-AE3E-EC3A5D7E6DBA Hamending Authorized rerson(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	CHOWDHURY, CHOWDHURY	380 SEMORAN COMMERCE PLACE	□ Add
		APOPKA, FL 32703 US	⊞ Remove
			☐ Change
MGR	CHOWDHURY, MARJU	380 SEMORAN COMMERCE PLACE	⊠ Add
		APOPKA, FL. 32703 US	□Remove
			□ Change
· 			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

From: Roman Albano Fax: 18139325244 To: LLC Amendments
DocuSign Envelope ID: 5FF296C9-D3B8-44B0-AE3E-EC3A5D7E6DBA

Effective date, if other than the date of filing: [Optional] If an 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 Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record 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 red is filed. Dated 18th OF OCTOBER Decompared by: Decompared by:		
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Dated 18th OF OCTOBER . 2022 . Docusigned by:		
OocuSigned by:		
	Dated	18th OF OCTOBER . 2022 .
EASESTERBURGOS a member or authorized representative of a member		
EASCAISABINEOUS a member or authorized representative of a member		(River)
		EASCAINABILITIES is memoer or authorized representative of a memoer
MARJU CHOWDHURY		

Filing Fee: \$25.00