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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190

: (844)449-3624 Phone : (512)597-0678 Fax Number

**Enter the email address for this business entity to be used for future to be used for

원립 높Email Address:__

🖺 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SITEWORX POOLS AND SPAS LLC

| Certificate of Status | 0 |
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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18506176383

| (Name of the Limited Lightlity Compa (A Flooda Limited I | my as it now appears on our records.) Gability (Company) | |
|---|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number L22000439028 | were filed on 10/11/2022 and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | hty Company," the designation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 1112 Channelside Dr | |
| (Principal office address MUST BE A STREET ADDRESS) | Tampa, FL 33602 | |
| | | |
| Enter new mailing address, if applicable: | 1112 Channelside Dr | |
| (Mailing address MAY BE A POST OFFICE BOX) | Tumpa, Fl. 33602 | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the name of the new regist | |
| New Registered Office Address: | 14 | |
| | Enter Florida street address | |
| | City Tag Zag Zag Zag Zag Zag Zag Zag Zag Zag Z | |
| New Registered Agent's Signature, if changing Registered Agent: | vee to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and | |

If Changing Registered Agent, Signature of New Registered Agent

Page: 3 of 4 2024-10-16 09:59:20 UTC+14 18506176383 From ZenBusiness User H240003451873

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-----------------|-------------|-------------------------|-----------------|
| MGR | Tegan Pinna | 5830 SilverSun Dr | □Add |
| | | Apollo Beach, FL 33572 | |
| | | | ■ Change |
| AMBR Ryan Maish | Ryan Maish | 5830 Sifver sun Di | ЫЬА□ |
| | | Apollo Beach, Ft. 33572 | □Remove |
| | | | ⊞ Change |
| | | | []Add |
| | | | □Remove |
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| | | | |
| | | | CDC hange |

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| ii. Ii aiiic | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Notei | ve date, if other than the date of filing: |
| If the record record is file | d specifies a delayed effective date, but not an effective time, at 12.01 a milion the earlier of (b). The 90th day after the ed |
| Dated ₋ | October 15th 2024 |
| | /s/ Ryan Marsh |
| | Signature of a member or authorized representative of a member |
| | Ryan Marsh |
| | Typed or printed name of signee |