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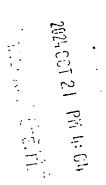
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

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TO:	Registration So Division of Co						
CI'D 107		uatics Custom Pools, LEC					
SUBJEC	1:	Name of Lim	ited Unibility Company				
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for tilling.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Brooke Schmitt					
			Name of Person				
	Florida Aquatics Custom Pools Lirm Company						
		· · · · · · · · · · · · · · · · · · ·	Lirm Company				
	820 W. Broadway Street, Suite 3000						
		820 W. Broadway Street, Suite 3000 Address Oviedo, FL. 32765					
		Oviedo, FL. 32765					
			City State and Zip Code	. — –			
		Brookea ovidaconstruction.	.com				
		1 -mail address: (1	to be used for future annual report not	(Hicanon)			
For furth	er information c	concerning this matter, please co	ill:				
Brooke :	Schmitt		407 985-6841				
Name of Person			at ()	ne Telephone Number			
Enclosed	l is a check for th	he following amount					
■ \$25.0	(M) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	2 \$55,00 Filing Fee & Certified Copy (additional copy (senclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section		<u>Street Address:</u> Registration Sc	ection				
	Division of C	orporations	Registration Section Division of Corporations				
	P.O. Box 632		The Centre of	Fallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Aquatics Custom Pools, LLC (Name of the Limited Liability Company as it now appears on our records.) 21 Pr. 4: 64 The Articles of Organization for this Limited Liability Company were filed on 10/24/2022 12 and assigned Florida document number 1,22000457738 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: Name of New Registered Agent: New Registered Office Address: Later Elocido street address

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.

City

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
President	Adam Schulting	820 W. Broadway Street, Suite 1000	= Add
		Oviedo, FL. 32765	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
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<u> Sote:</u> If t	he date inserted in	an the date of fili late must be specific; this block does no i the Department o	it meet the applica	o date of filing or mor ble statutory filing	(option: e than 90 days after fili requirements, this da	il) ng.) Pursuant to 605.020 ite will not be listed as
record sp d is filed.	ecifies a delayed e	effective date, but n	not an effective tir	ne, at 12:04 a.m. or	the earlier of: (b)	The 90th day after the
Oe	ober 16	——————————————————————————————————————	. 2024	1		
Dated			In h	/(/ \		
Pated		Signature of	m b	rized representative o	t a member	·

Filing Fee: \$25.00