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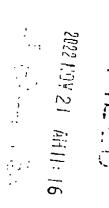
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A. RIVERS FEB - 7 2023



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COVER LETTER

• •	ation Section 1 of Corporations		
	ORIDAN POOL BUILDERS LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Art	ticles of Amendment and fee(s) are su	ibmitted for filing.	
Please return all c	correspondence concerning this matte	er to the following: as & Levesque	
	THOMAS G LEVESQU		
		Name of Person	
	NA		
		Firm/Company	
	2904 BAYSHORE DRIV	Æ EAST	
		Address	
	JACKSONVILLE, FL 32		
	thomas89levesque@gmail	City/State and Zip Code .com	
	E-mail address:	(to be used for future annual report not	ilication)
For further inform	nation concerning this matter, please		
THOMAS G. LE	EVESQUE Thomas G LEV	904 235-3317 at () Area Code Daytim	
	Name of Person	Area Code Daytim	ne Telephone Number
Enclosed is a che-	eck for the following amount:		
■ \$25,00 Filing	g Fee	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	Address: ration Section on of Corporations ox 6327 assec, FL 32314	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee se Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDAN POOL BUILDERS LLC

company has been notified in writing of this change.

(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 $\frac{10/31/2022}{10/31/2022}$ and assigned Florida document number 1.22000467952 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FLORIDA ICONIC POOLS LLC The new name must be distinguishable and contain the words "Limited 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 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cirv 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 ι 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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being ad or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
N/0			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change

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