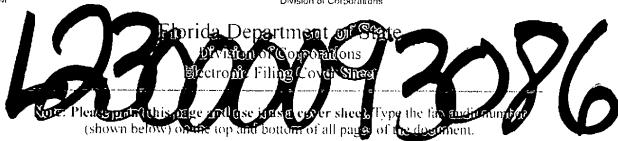
To:



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Io:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account no...

Phone : (407)320 |
Fax Number : (407)604-6519

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

The start immedeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POOLSTRUCTURE SUPPLY LLC

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COVER LETTER

	gistration S ision of Co					
alib iczer	POOLSTRICTURE SUPPLY LLC					
SUBJECT:	<u></u>	Name of Limited Liability Company				
				; .		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for tiling.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Rubem Souza				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		Medeiros Souza corp				
	Firm/Company					
	1711 Amazing Way, Ste 213					
Address						
		Ococc, FL 34761				
	City/State and Zip Code					
		contact@medeirossouza.co	m to be used for future annual	rapport notifications		
For further in	nformation (concerning this matter, please c		icjan ionicalion,		
Ruhem Souz	a		nt i	6 - 8484		
	Name (nt Person	at () Area Code	Daytime Telephone Number		
Enclosed is a	rcheck for t	he following amount:				
□ \$25,00 H	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee Certified Copy cadditional copy is enc	Certificate of Status		
	iling Addres		<u>Street Ac</u> Registra	ddress: ation Section		
Div	rision of C	Corporations	Division	n of Corporations		

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

Page, 5 of 7 2024-09-09 19,57 05 GMT 14076046519 From: RUBEM SOUZA Τo

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POOLSTRUCTURE SUPPLY LI		
(Name of the Lim	ited Liability Company as it now appears on Ox Fiorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number 1.23000093086	liability Company were filed on 02/21/2	023 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
CF PENSACOLA LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	ition "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if appli	eable:	
(Principal office address MUST BE A STRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	· · · · · · · · · · · · · · · · · · ·
		· 2
B. If amending the registered agent and/or		ls, enter the name of the new regi
agent and/or the new registered office addre	ess here!	S⊟ .±
		1
Name of New Registered Agent:	MEDEIROS SOUZA CORP	9 ;
New Registered Office Address:	1711 Amazing Way, Ste 213	
<u> </u>	Enter Floridast	reet address
	Ococc	Florida 34761 ==
	Cu)	Zip Conh

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

, Page, 6 of 7 2024-69-09 19:57.05 GMT 14076046519

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

From: RUBEM SOUZA

MGR = Manager AMBR = Authorized Member

To:

Title	<u>Name</u>	Address	Type of Action
AMBR	ef outdoor limited liability company	6996 PIAZZA GRANDE AVENUE #216	= Add
		ORLANDO, FL 32835	□Remove
			□ Change
			□Add
			□Remove
		<u> </u>	□Change
			🖸 Add
			□Remove
			□Change
		-	□Remove
			
			🗀 Add
			DRemove
			□Change
			□Add
			□Remove
			TiChange

D. If amending any other inform	nation, enter change(s) here: (At	tach additional sheets, if necessary)
 			
··· ··· · · · · · · · · · · · · · · ·			

E Effective data if when there if	and the of Elim	(time IV	
Note: If the date inserted in this	nust be specific and cannot be prior to date block does not meet the applicable sta Department of State's records	(optional) of tiling or more than 90 days after filing.) atutory filing requirements, this date v	Pursuam to 605,0207 (3)th All not be fisted as the
If the record specifies a delayed effect record is filed	ive date, but not an effective time, at	12:01 a.m. on the earlier of: (h). The	90th day after the
Dated Orlando	09/09/2024		
	Signature of a member or authorized re	epresentative of a member	
Rubem Souza			
	Typed or printed name	e of signee	