L23000113733

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_
J. HORNE
AUG 1 1 2023

Office Use Only



800411099948

96/29/23--01012--017 **++**25.00

COVER LETTER

TO: Registration Section of Corp			
subject: <u>Адл</u> о	Logic Pool Co	ITE LLC ited Liability Company	
	mendment and fee(s) are sub	_	
	Cor	Din Young	
	Aqua Logic	Pool Care LLC Firm/Company	
		ake Rd apt 23 Address	
	Cocoa, FL Shagayzes	32922 City/State and Zip Code 4 @ gmail - Com to be used for future annual report notified.	(cation)
For further information cor	neerning this matter, please c		icanon,
Corbin You	Ω <u>eq</u> Person	at (<u>850</u>) <u>559 - C</u> Area Code Daytime	7145 c Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee ■ See See See See See See See See Se	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION 23 JUN 29 PH 11 22

Agua Logic Pool Care LLC
Aqua Logic Pool Care L. C. (Name-of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 31312023
The Articles of Organization for this Limited Liability Company were filed onand assigned
Florida document number <u>L23000113733</u> .
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 "L.L.C" 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 registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zip Code 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.

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

Ţ	Hg Mg	ท	Name	Address	Type of Action
- بح	M9 	K	Corbin Young	1524 Clearlane Rd. apt 23	
				Cocoa FL, 32922	□Remove
					[] Change
_					□Add
					□Remove
					□Change
_					□Add
					□Remove
					[]Change
_	·				□Add
					□Remove
					Change
_					_ □Add
					□ Remove
					_ Change
_			<u> </u>		□Add
					_ □Remove
					□ Channa

(\mathcal{X})	<u></u>	<u>buld</u>	libe t	<u>-o</u> Ch	ange	.the	ili L	ng of	Corb	ia Ya	ung
£a	_mc	" Pres	<u>sident</u>	to		mer"	6	Aauc	Logic	Pool	ung Care_L
							·	1			
_											
											
										 	
				·						<u>.</u>	
			·-·-								
				<u> </u>				· <u> </u>			
								· •			
_				_							
								··			
											
					C	127	120	72			
ctive effecti	date, if ve date is	other th: listed, the d	an the date late must be s	of filing: secific and o	`					onal) r filing.) Pur	suant to 605.02
<u>e:</u> If 1	he date i	nserted in		oes not me	et the ap	plicable s					not be listed
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	re date of	i die sepaire		are a reco	143.					
ord s	pecifies a	delayed o	effective date	e, but not a	ın effectiv	e time, at	12:01 a.	m. on the o	arlier of: (l) The 90	th day after ti
filed.											-
	(11	7/2	N72								
:d	<u> </u>	7/2	025	,		·					
		10	July/	10	Y 01 La						
		U	Signa	iture of a m	ember or a	in orized	representa	tive of a me	mber		
		0	1			/					