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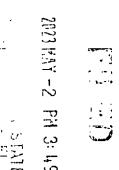
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Section			
	Division of Corporations			

	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	ibmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Sherri Crane		
		Name of Person	
	Aqua Ninja Pool Care LI	C	
		Firm/Company	
	53 Blare Dr		
		Address	
	Palm Coast FL 32137		200
		City/State and Zip Code	2023 FAY
	scrane00@gmail.com		;; !
	E-mail address:	(to be used for future annual report noti	ř
For further information of	concerning this matter, please o	call;	P
Sherri Crane		386 627-5571	P11 3: 49
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	■ \$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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>i.</u>)	
anc	I assigned
or the abbreviation	ıı "L.lC."
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; • •	new registere
<u></u>	
	he name of the

New Registered Agent's Signature, if changing Registered Agent:

AQUA NINJA POOL CARE LLC

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	DAVID A. CRANE	53 BLARE DR	≡Add
		PALM COAST FL 32137	□Remove
		53 BLARE DR	■ Change
AR	SHERRI I CRANE	PALM COAST FL 32137	□Add
			□Remove
			©∏ Chapac
			Add 2
			Remove :
			□Add
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			□Change
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			□Change
	 		bb∧C]
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Effective date, if other than the da	te of filing:			(optional)		
fan effective date is listed, the date must be Note: If the date inserted in this block	specific and cannot does not meet the	be prior to date of the applicable statuto	ng or more than 90 day ry filing requiremen	is after filing.) Pur ts. this date will	suant to 6 not be li	05.0207 (sted as t
document's effective date on the Depa	rtment of State's r	records.				
record specifies a delayed effective d	ate, but not an effe	ective time, at 12:0	l a.m. on the earlier	of: (b) The 90	th day af	ter the
rd is filed.						
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Dated	2023	<u> </u>		**	=======================================	سكشش
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Typed or printed name of signee