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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: CICE	ro Pools LLC		
SUBJECT:CICC		ited Liability Company	
	mendment and fee(s) are sub	-	
	Tohn	Joseph Cicero	
		Name of Person	
	Cicero	5 Pools LLC	
		Firm/Company	
	245	Cherry Ave	
	Merritt	: Isiand, FL, 3299	53
		City/State and Zip Code	
	E-mail address: {	50015 @ gmail - COI to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	: : : : : : : : : : : : : : : : : : :
John J Name of	——————————————————————————————————————		- 4572 Telephone Number
Enclosed is a check for the	e 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)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Sec	tion
Division of Co	orporations	Division of Corp	porations
P.O. Box 6327 Tallahassee, F		The Centre of Ta 2415 N. Monroe	allahassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

CLERG DONE ILC

CICCIO PC	
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>し23の</u> 0178798	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	. <u>0</u>
	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new register</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy Zip Code
New Registered Agent's Signature, if changing Register	red 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John J Cicero	245 Cherry Ave	≰Add
		Merrill Island, Florida	□Remove
		32953	□Change
			□Add
			□Remove
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot e: If the date inserted in this block does not meet the iment's effective date on the Department of State's	applicable statutory	(op g or more than 90 days aft filing requirements, the	tional) er filing.) Pursua nis date will no	ant to 605,t ot be listed
cord specifies a delayed effective date, but not an effe filed.	ective time, at 12:01	a.m. on the earlier of:	(b) The 90th	day after (
ed				
IA. C	ict			
Amenature of a member	or authorized represen	tative of a member		

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