L23000223105

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





600430422946

05/29/24--01002--012 #25.00





COVER LETTER

TO: Registration Security Division of Corp			
CLUD LD OW	L REPAIRS LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	STEPHANIE R MILLSAP	s	
		Name of Person	
	POLO POOL REPAIRS LI	LC	
		Firm/Company	
	280 ARBOR LAKES DR		
		Address	
	DAVENPORT, FL 33896		
		City/State and Zip Code	
	POLOPOOLREPAIRS@GI	MAIL.COM to be used for future annual report notificati	on)
For further information c	oncerning this matter, please ca		,
STEPHANIE R MILLS	NPS	407 433-9886 at ()	
Name o	f Person		ephone Number
Enclosed is a check for the	ne 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)
			F.3
Mailing Address		Street Address: Registration Section	n
Registration S Division of C		Division of Corpor	,
P.O. Box 632	2.7	The Centre of Talla	
Tallahassee.	FL 32314	2415 N. Monroe St Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our reda Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number L23000223105	Company were filed on <u>05/05/2023</u>	and assigned
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 "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:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or register agent and/or the new registered office address here:		nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	City	, Florida
	νω)	Lip Cour

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

POLO POOL REPAIRS 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.

4. 3

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	MICHAEL LEH PARRY	280 ARBOR LAKES DRIVE	□Add
		DAVENPORT, FLORIDA	□Remove
		33896	
			□Add
			□Remove
			☐ Change
			□ Add
		□Remove	
			☐ Change
			Remove
			⊡Change
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fective date, if other than the	05/15/20)24	(option	at)	
n effective date is listed, the date mu	ist be specific and cannot be p	rior to date of filing or r	nore than 90 days after fi	ling.) Pursuar	nt to 605.02
te: If the date inserted in this becument's effective date on the E	Department of State's reco	rds.	ng requirements, tins c	iate will not	oc risted
ecord specifies a delayed effection is filed.	ve date, but not an effective	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th d	lay after ti
nted MAY 15TH	2024	·			12.3
ned MAY 15TH	2024	<u> </u>		:	127
ned MAY 15TH	Signature of a member or a	uthorized representativ	e of a member	·	
	Signature of a member or a	uthorized representativ	e of a member		27
MAY 15TH STEPHANIE RENES	Signature of a member or a	uthorized representativ	e of a member		:

. . .

Filing Fee: \$25.00