



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Triton Commercial Pool Services LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pedro Bello / Juergen Schreyer  
Name of Person

Triton Commercial Pool Services LLC  
Firm/Company

1101 Periwinkle Way, Ste 109  
Address

Sanibel, FL 33957  
City/State and Zip Code

info@tritoncps.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juergen Schreyer at ( 239 ) 2296366  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

Triton Commercial Pool Services, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/22/23 and assigned Florida document number L23000249604.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1101 Periwinkle Way, Ste 109  
Sanibel, FL 33957

2023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1101 Periwinkle Way, Ste 109  
Sanibel, FL 33957

2023

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1101 Periwinkle Way, Ste 109

Enter Florida street address

Sanibel

City

Florida

33957

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Marie-Claire Schreyer</u>	<u>1101 Periwinkle Way, Ste 109</u>	<input checked="" type="checkbox"/> Add
		<u>Sanibel, FL 33957</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>VERONICA Bello</u>	<u>1101 Periwinkle Way, Ste 109</u>	<input checked="" type="checkbox"/> Add
		<u>Sanibel, FL 33957</u>	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Pedro Bello</u>	<u>1101 Periwinkle Way, Ste 109</u>	<input checked="" type="checkbox"/> Add
		<u>Sanibel, FL 33957</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

add FEIN : 93-1494724

E. Effective date, if other than the date of filing: 05/22/23 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7-10-2023

Pedro A. Bello
Signature of a member or authorized representative of a member

Pedro A. Bello
Typed or printed name of signee