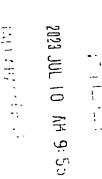
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S- Division of Co			
CALLED AND COMM	er Pools, LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andrew Hall		
		Name of Person	
	Lake-Sumter Pools, LLC		
		Firm/Company	
	421 Mount Vernon Court		
	<u>-</u>	Address	
	Eustis, FL 32726		
		City/State and Zip Code	
	lakesumterpools@gmail.co		
For further information c	ri-mail address; ( concerning this matter, please c	to be used for future annual report notificall:	ration)
Andrew Hall		352 3963573	
Name o	f Person	at () Area Code Daytime '	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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9 Division of C	Section	<u>Street Address:</u> Registration Sect Division of Corpo	
P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Lake-Sumter Pools, LLC

2023 JUL 10 AM 9:55

	nited Liability Company as it now ar (A Florida Limited Liability Compa	
The Articles of Organization for this Limited		5/31/2023
The Articles of Organization for this Limited	Liability Company were filed or	n <u>3/31/2023</u> and assigned
Florida document number L23000264128	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compan	<u>v_here</u> :
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 appl		
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	
••	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or	registered office address on o	ur records, <u>enter the name of the new regi</u> s
Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or	registered office address on o	ur records, <u>enter the name of the new regi</u> s
Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on or ess here:	ur records, <u>enter the name of the new regis</u>
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address  Name of New Registered Agent:	registered office address on oress here:  Megan McKenzie  421 Mount Vernon Court	ur records, <u>enter the name of the new regis</u>
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on oress here:  Megan McKenzie  421 Mount Vernon Court	

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. Thereby 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
AMBR	Andrew Hall	421 Mount Vernon Court	<b>=</b> Add
		Eustis, Florida 32726	□Remove
			□Change
AMBE	Megan McCanzie	421 Mount Vernon Court	□Add
		EUS HS, FL 32726	Remove
			□Change
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ective date, if other than the da		ı	(optional)
reffective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior to date	of filing or more than 90 day	s after filing.) Pursuant to 605,020
rument's effective date on the Depar	rtment of State's records.	actiony trinng requirement	is, this date will not be listed a
cord specifies a delayed effective da	ite, but not an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day after th
s filed.			,
I 27	2021		
ed	2023		
	uuuu nature of a member or authorized re		
	17		