

L23000294331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

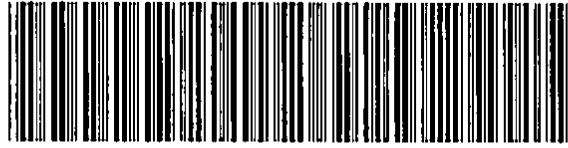
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DECLINED

SEP 28 2023

Office Use Only



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SECRETARY OF STATE

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2023 SEP 28 AM 10:41

OFFICE OF THE CLERK

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NPS POOLS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Stroud  
Name of Person

NPS Pools LLC  
Firm/Company

100 SANDPIPER RIDGE DR  
Address

ORMOND BEACH, FL 32176  
City/State and Zip Code

Astroud99@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Stroud at 513 503-3317  
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

NPS Pools 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 06/19/2023 and assigned  
Florida document number L23000294331.

This amendment is submitted to amend the following:

**. 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:**

**Mailing address MAY BE A POST OFFICE BOX**

**k. 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:

Jaclyn Jones

New Registered Office Address:

100 SANDPIPER RIDGE DR

*Enter Florida street address*

ORMOND BEACH

*City*

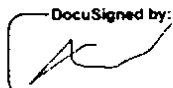
Florida 32176

*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.*

DocuSigned by:



**If Changing Registered Agent, Signature of New Registered Agent**

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amending Authorized person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

GR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	Candice Kealy	4 CREEKSBRIDGE CT ORMOND BEACH, FL 3217	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Anthony Stroud	100 SANDPIPER RIDGE DR ORMOND BEACH, FL	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

All addresses including principle and mailing addresses related to NPS Pools LLC need to be changed

to reflect the correct address below.

100 SANDPIPER RIDGE DR ORMOND BEACH, FL 32176

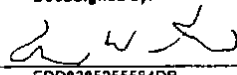
**Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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.

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 cord is filed.

Dated 9-27-2023

DocuSigned by:  


ED06385255584DB ..

Signature of a member or authorized representative of a member

Anthony Stroud

Typed or printed name of signee