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COVER LETTER

TO: Registration Section Division of Corpo			
subject: Jet	- Wave Press Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Maria	Mane of Person	
		Firm/Company	
	3203	SE OHS LANE	
	Port St.	Lucil FL 349 City/State and Zip Code	84
	Letwa E-hail address: (ve pools@gmail. Com (to be used for future Innual report notific	TANY OF STATE
For further information con	cerning this matter, please c	all:	E.FI
Maria Man Name of P	C (A)	at (<u>475</u>) <u>189 - 1</u> Area Code Daytime	2159 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Cor		<u>Street Address:</u> Registration Sect Division of Corpo	
P.O. Box 6327 Tallahassee, FL	•	The Centre of Tail 2415 N. Monroe	llahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jet Wave Tre:	soure Clean, LC
(Name of the Limited Lial (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L23000323810</u>	y Company were filed on $\frac{7/10/2023}{}$ and assigned
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the l	imited liability company here:
Tet 1	Nave Pools LLC
The new name must be distinguishable and contain the words "I	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 AD	DRESS)
	,1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SC P D D D D D D D D D D D D D D D D D D
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registered</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	City 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 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
			□Add
			□Remove
			□Change
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ective date, if other than the date of filing:	(ор	tional)		
effective date is listed, the date must be specific and cannot be prior to date o e: If the date inserted in this block does not meet the applicable stat	f filing or more than 90 days at utory filing requirements, t	fter filing.) Pu this date wil	rsuant to not be	605.020 listed a
ument's effective date on the Department of State's records.	, , ,			
cord specifies a delayed effective date, but not an effective time, at 1	7:01 a m. on the condition of	(b) Th. 0(nL J	- 6 41.
filed.	2:01 a.m. on the earner of:	(b) The 90	ith day	after th
1 2.0 2.01				
ed June 20 2024. Maria Manume Signature of a member or authorized rep				
Maria Marcini				
				_