L23000343313

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:

Office Use Only



500413160895

08/04/23--01023--013 **25.00

2023 AUG -4 AII 7: 2.



COVER LETTER

TO:	Registration Se Division of Co			
SUBJEC	Pool Contr	actor Marketing Pros. LLC		
SOBJEC		Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	-	
		Andrew Scott Lindsey		
		_	Name of Person	
		Pool Contractor Marketing	g Pros, LLC	
			Firm/Company	
		10229 S Silver Palm Dr		
		-	Address	
		Estero, FL 33928		
			City/State and Zip Code	
		poolcontractormarketingpro		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information of	oncerning this matter, please c	all:	
Andrew	Scott Lindsey		231 721-5444 at ()	
	Name o	f Person		Telephone Number
Enclosed	l is a check for the	he following amount:		
■ \$25.	00 Filing Fee	S30.00 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		Street Address: Registration Sec		
	P.O. Box 632	-	Division of Corp The Centre of Ta	
	Tallahassee, I	FL 32314		Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUG - 4 AH 7: 25

If Changing Registered Agent, Signature of New Registered Agent

Pool Contractor Marketing Pros, LLC

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

		, 2023 and assigned
Florida document number L23000343313		
This amendment is submitted to amend the following	og:	
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ds, enter the name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida s	treet address
	City	treet address Florida Zıp Code

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	Andrew Scott Lindsey	10229 S Silver Palm Dr, Estero, FL 33928	= Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□ Change

			□Remove
			□Change
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

_									_
_									_
_						·			_
			•						
_		·							_
_									_
_			•••					·	_
_		· · · · · · · · · · · · · · · · · · ·							_
_									
_									_
_									_
									_
_									_
_									
									_
_			-					•	_
_									_
f an effe <u>Note:</u> I	ective date is listed, If the date inserte	r than the date of the date must be speed in this block doo te on the Departme	cific and cames not meet	not be prior to the applicat	date of filing o	r more than 90	days after filin	g.) Pursuant to 6	05,0207 (sted as t
e record d is file		yed effective date.	but not an e	effective tim	e, at 12:01 a.i	m. on the earli	ier of: (b) 1	The 90th day af	ter the
	August 1		20)23					
Jated					-				
Dated _		bea S	=-21	Z/U.	1 Sal-1				
Dated _	hu	Dizar Signatu	re of a mem	ber or authori	zed representat	ive of a membo	er		

Filing Fee: \$25.00