

L23000469 862

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(Document Number)

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SECY. OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Suntropic Pools, 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:

Crystal Wait Zolciak
Name of Person

Name of Person

Suntropic Pools, LLC
Firm/Company

Firm/Company

8239 Wild Oaks Way
Address

Address

Largo, FL 33773
City/State and Zip Code

City/State and Zip Code

info@Suntrropic.poolsfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Wait Zolcick at (787) 259-4265
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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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

Suntropic 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 10/12/2023 and assigned Florida document number L23000469862

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

W/A

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:

N/A

*(Principal office address **MUST BE A STREET ADDRESS**)*

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

267
St. I

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

, Florida

Zoo Guide

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

Title **Name** **Address** **Type of Action**

AMBR Richard J. Zolciak 8239 Wild Oaks Way Add
Largo, FL 33773 Remove

Changed from AR to AMBR Change

AMBR Tyler J. Zdciaik 8239 Wild Oaks Way Add
Largo, FL 33773 Remove

Changed From AR to AMBR Change

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Change
Remove

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Change

□ Add

Remove

[REDACTED] Changes

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

E. 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.

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 October 31, 2023

Cep West Zoe Signature of a member or au

Signature of a member or authorized representative of a member

Crystal West Zolcik
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00