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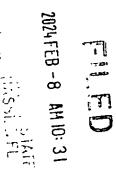
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COVER LETTER

COVEREETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Triple H 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:	
Alexa Rodinguez	
Tr., 1/2 A Pools LLC	
7740 SW 104th St Sn. te 201	2021
Address M. a.m.: Fl. 3315 C. City/St.fie and Zip Code City/St.fie and Zip Code E-mail address: ph be used for future annual report notification) For further information concerning this matter, please call:	024FEB -8 AM 10:
E-mail address: who be used for future annual report notification)	=
For further information concerning this matter, please call:	
Alexa Rodriguez at (305) Name of Person Name of Person Area Code Daytime Telephone Number	<u>3</u>
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 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

(Name of the Limited Liability (A Florida L	Pools LL (Company as it now appears of Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L</u> <u>230004775</u>		tober 3,20	▲ 3 and assigned	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite Paol Tech Builders L The new name must be distinguishable and contain the words "Limite"	LC		obbreviation "L.L.C."	
Enter new principal offices address, if applicable:	NIA			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		2024 FEB	~ 1 7
Enter new mailing address, if applicable:	NIA	— – —	8-8	
(Mailing address MAY BE A POST OFFICE BOX)	· ·	· 	AH 10: 2	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	ords, <u>enter the nar</u>	ne of the new reg	istered
Name of New Registered Agent:	1A		· 	
New Registered Office Address:	Enter Florida	street address		_
	City	, Florida _	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 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
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D. If an	mending any other inf	ormation, enter change(s) he	re: (Attach additional s	heets, if necessary.)	
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E. Effecti (If an effe Note: docume	ive date, if other than ective date is listed, the date if the date inserted in this ent's effective date on the	the date of filing: Decenust be specific and cannot be prior s block does not meet the applicate Department of State's records.	nder 18 202 3 to date of filing st more than so table statutory filing require	(optional) 90 days after filing.) Pursuant tements, this date will not be	ຫ 605.0207 (3)(b) e listed as the
If the record record is file	d specifies a delayed effected.	ctive date, but not an effective tir	ne, at 12:01 a.m. on the ea	utlier of: (b) The 90th day	after the
D-+- 4	March 12	2024			
Dated		,	•		
		0 -			
		Signature of a member or author	Trul representative of a mani-	. 	
	Alaiander		··· en representative of a mem	001	
	Alejandro	Rodriguez			

Filing Fce: \$25.00

Typed or printed name of signee