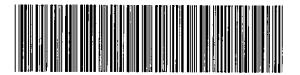
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#### **COVER LETTER**

TO: Registration Section **Division of Corporations** Sunset Pools and Outdoor living LLC SUBJECT: 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: Daniele Fortunato Name of Person Sunset Pools and Outdoor Living LLC Firm/Company 622 W Princeton St Address Orlando/Florida/32804 City/State and Zip Code daniele2011@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daniele Fortunato Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

Sunset Pools and Outdoor Living LLC  (Name of the Limited Liability Con (A Florida Limit	pany as it now appears	on our records.)	
(A Florida Limit	ed Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{1/12}{1}$	2/2024	_ and assigned
Florida document number L24000026900			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>re</u> :	
Sunshine State Pools and Outdoor Living LLC Su	ushine State	Posts and Oto	loor Living L
The new name must be distinguishable and contain the words "Limited Li	ability Company," the de	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			2021
			202h JU
			·
Enter new mailing address, if applicable:			· · ·
(Mailing address MAY BE A POST OFFICE BOX)			
			~:
			<del> 61</del>
B. If amending the registered agent and/or registered office	ce address on our re	cords, <u>enter the name c</u>	of the new registered
agent and/or the new registered office address here:			
N. CN. D. C. LA			
Name of New Registered Agent:		· -	<del></del> -
New Registered Office Address:		<del> </del>	
	Enter Flori	da 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 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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record specifie The 90th day af	s a delayed effe ter the record is	ctive date, but n s filed.	ot an effective	time, at 12:01	a.m. on the ear	rlier o
May 5th		2024				
	David	e Bester	te			
	Signat	ure of a member or aut	horized representativ	ve of a member		
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