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# **COVER LETTER**

	egistration Section of Corp			
eun ir ca				
SUBJECT	· =	Name of Limi	ited Liability Company	
		Kimberly Dykes		
		Address  Marianna, FL 32446  City/State and Zip Code  kimdykes@fastmail.com  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  Dykes  Name of Person  40 Pool Company, LLC  Firm/Company  3804 Old U S Rd  Address  Marianna, FL 32446  City/State and Zip Code  kimdykes@fastmail.com  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  Dykes  Name of Person  Area Code  Daytime Telephone Number  a check for the following amount:  Filing Fee  Certificate of Status  Certificate of Status & Certificat Copy  (additional copy is enclosed)		
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:  Kimberly Dykes  Name of Person  4D Pool Company, LLC  Firm/Company  3804 Old U S Rd  Address  Marianna, FL 32446  City/State and Zip Code  kimdykes@fastmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kimberly Dykes  at (				
			Firm/Company	
		3804 Old U.S.Rd		
			Address	<del></del>
		Marianna, FL 32446		
		kimdykes@fastmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Kimberly	Dykes		_	
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00	0 Filing Fee		Certified Copy	Certificate of Status &

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

4D Pool Company, LLC		
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
ne Articles of Organization for this Limited orida document number 1.24000039625	Liability Company were filed on January 22, 2024	and assigned
is amendment is submitted to amend the fol	llowing:	
If amending name, enter the new name	of the limited liability company here:	
/ia		
e new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
<u>rincipal office address MUST BE A STRE</u>	ET ADDRESS)	<del>_</del>
		<u> </u>
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE	E BOX)	
	1 00 11	none of the new pagist
. If amending the registered agent and/or zent and/or the new registered office addr	registered office address on our records, enter the n	ame of the new regist
gent and/or the new registered office addr	ess here.	- 23 
Name of New Registered Agent:	n/a	· + !
<u> </u>	<del></del>	3
New Registered Office Address:		<u></u>
	Enter Florida street address	
	, Florida	. 5;0
	Cin , riorida	Zin 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
President	Kimberly Dykes	3804 Old U S Rd Marianna, FL 32446	<b>≡</b> Add
			□Remove
			□Change
			Remove
			Change
			□Add
			Remove
			□Add
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Effective date, if other than the fan effective date is listed, the date must	date of filing:		<del></del>	(optiona	al)
f an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot ck does not meet the	ot be prior to date he applicable st	of filing or more that atutory filing requ	in 90 days after fili ifrements, this da	ng.) Pursuant to 605.0207 ite will not be listed as
document's effective date on the De			, , ,		
e record specifies a delayed effective rd is filed.	date, but not an ef	fective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after the
November 10 Dated		)24			
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\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ナノ				
	Signature of a member	er or authorized i	representative of a n	nember	

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4D Pool Company, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited L. Florida document number		were filed on January 22, 2024	and assigned
his amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
n/a			
he new name must be distinguishable and contain the	words "Limited Liabi	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREI			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	(BOX)		
Municy address 1/111 22/11 001 01 1100	<u> </u>		
3. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:	n/a		
New Registered Office Address:			
		Enter Florida street addres:	s
		. Flo	orida
		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
President	Kimberly Dykes	3804 Old U S Rd Marianna, FL 32446	\ <b>∃</b> Adđ
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