

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L240000413782

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CJP CONSULTINGFL, LLC
Account Number : 129160000015
Phone : (954)391-1214
Fax Number : (855)461-3581

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cjp consultingfl@gmail.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
ONELOVE POOL SERVICE LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

DEPARTMENT OF STATE

2024 FEB 29 PM 12:47

FILED

Electronic Filing Menu Corporate Filing Menu Help

MAR 01 2024
T. LEMIEUX

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OneLove Pool Service 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 01/24/2024 and assigned
Florida document number L24000043782

This amendment is submitted to amend the following:

A. It 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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3709 SE 4th Ave

Cape Coral, FL 33904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3709 SE 4th Ave

Cape Coral, FL 33904

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip

etc

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

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2024 FEB 29 PM 12:48
CLERK OF STATE

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Cynthia Jones	3709 SE 4th Ave Cape Coral FL 33904	☒ Add
			☐ Remove
			☐ Change
MGR	Cory G Jones	3709 SE 4th Ave Cape Coral FL 33904	☐ Add
		Address change only	☐ Remove
		3709 SE 4th Ave Cape Coral FL 33904	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

H 240000 808 713

H 2400000

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

F. Effective date, if other than the date of filing: _____ (optional)

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 35 USC 4207 (3)(b) the date will not be listed as the

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 February 28, 2024

Signature of a member or authorized representative of a member

Cory G. Jones

Typed or printed name of signer

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Filing Fee: \$25.00