L34000085980

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SECRETARY OF STATE TALLAHASSEE, FL



COVER LETTER

TO: Registration S Division of Co					
Luxury Pe	ools and Spas				
Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	Nicholas B Carlin				
		Name of Person			
	Luxury Pools and Spas				
		Firm/Company			
	215 S. Swoope Ave.				
		Address			
	Maitland, FL 32751				
		City/State and Zip Code			
	nick@luxurypoolsandspasl				
		to be used for future annual report notifica	ition)		
For further information	concerning this matter, please c	all:			
Nicholas B. Carlin	_	407 878-3509 at ()	TA TA	2024	
Name o	of Person		elephone Number TALLAHASSEE S60.00 Filing Fee	2024 AUG 13	1
Enclosed is a check for t	he following amount:		SS C		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, The Certificate of Status & Certified Copy	2: 25	

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 Com (A Florida Limite	d Spas (LL	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L24000085980</u>	ny were filed on 2/19/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
R If amonding the registered egent and/or registered office	addross on our records untour	TE C
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter	the name of the new registered
·		
Name of New Registered Agent:		LIS S
		- 752 - 52
New Registered Office Address:	Enter Florida street addres	(8
	ra.	auida
	City . F10	orida

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, 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		
AMBR Shawn R. Bultema		215 S. SWOOPE AVE, MAITLAND, FL 32751	≣ Add		
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ective date, if other than the date it effective date is listed, the date must be stee. If the date inserted in this block deturnent's effective date on the Depart	ioes not inect the applicab	date of filing or more the le statutory filing required		ursuant to 60 ill not be lis	5.0207 ted as
record specifies a delayed effor the 90th day after the record i	ective date, but not a sis filed.	an effective time,	at 12:01 a.m. or	n the earli	ier of:
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