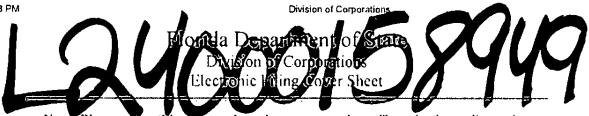
5/1/24, 4:48 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000160056 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LITTLE SUN POOL SAFETY LLC

Certificate of Status	0
Certified Copy	1
Page Count	06 -
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help T. LEMIEUX

MAY 0 6 2024

## **COVER LETTER**

Your LegalZoom Order # 82052457

TO: Registration : Division of Co		
∳′ Little	E SUN POOL SAFETY LLC	
SUBJECT:	Name of Limited Liability Company	<u> </u>
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Mike Town	
	Name of Ferson	······································
	Legalzoom.com. Inc.	
	Firm∵Company	<del></del>
	9900 Spectrum Dr	
	Address	
	Austin, TX 78717	
	City/State and Zip Code info@mannipoolsafety.com	
	fs-mail address (to be used for future annual repo	rt notification)
For further information	concerning this matter, please call.	
Cheyenne Moseley	800 773-08	88
Name		ayume Telephone Number
Enclosed is a check for	the following amount.	
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & ☐ \$55,00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	□ \$60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

13236068205 +19033295483 From: Rajiv Srivastava p. 2

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## LITTLE SUN POOL SAFETY 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 Florida document number <u>L24000158949</u> .	04/03/2024 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company	here:		
Miami Pool Safety LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BON)	     		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:  Name of New Registered Agent:	on our records, enter the name of the		
New Registered Office Address:			
New Registered Office Address.  Enter i	Torida street address		
	, l'Iorida		
C:tv	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

MGR - Manager

13236068205 +19033295483

To:

Page: 5 of 6 1-May-2024 02:49 From:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			□ Remove
			Change
		* ***	Add
			Remove
			Change
<del></del>			Add
			□ Remove
			Change
			□ Remove
			□ Change
			□ Remove
			□ Change

2024-05-02 16:35:54 PDT

13236068205 +19033295483

From: Rajiv Srivastava p. 4

<del></del>	
	<del>-</del>
	<del></del>
E. Effective	date if other than the date of filing: (optional)
<u>Note:</u> If (	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	April 30
	Signature of a member or authorized representative of a member
	Andrea Montoya

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00