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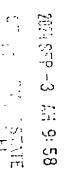
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COVER LETTER Registration Section TO: **Division of Corporations** Tampa Bay Pools, Pavers and Tiles, LLC. SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **Edouard Francois** Name of Person Tampa Bay Pools, Pavers and Tiles, LLC. Firm/Company 5107 Smiths Ryals Rd Address Plant City, FL 33567 City/State and Zip Code Fedouard71@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: François Edouard Name of Person

Enclosed is a check for the following amount:

☑ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & 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 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

·	Bay Pools, Pavers and Tiles, LLC.	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on June 10, 2024	and assigned
his amendment is submitted to amend the following	· · · · · · · · · · · · · · · · · · ·	
	-	
. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words."	'Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
. If amending the registered agent and/or registe gent and/or the new registered office address her		ame of the new regis
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	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 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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		12717 Hampton Hills Dr. Riverview, FL 33578	⊠Remove
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ffective date, if other than the	ne date of fil	ing: June 10, 20)24	(optional))	
an effective date is listed, the date note: If the date inserted in this	iust be specific : block does no	and cannot be prior to out meet the applicable	late of filing or more than	an 90 days after filing	.) Pursuant to 60:	5,0207 (.
ocument's effective date on the	Department o	f State's records.	summery ming requ	anements, mis date	will flot be figi	.00 (13 (1
record specifies a delayed effect	ive date, but r	not an effective time	, at 12:01 a.m. on the	e earlier of: (b) Th	ne 90th day afte	r the
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