# L24000275250

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#### **COVER LETTER**

TO: Registration S Division of Co				
	& SON'S POOL SERVICES, LI	LC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JUSTIN BROWN			
		Name of Person		
		Firm/Company		
	6022 FARCENDA PLACI			
		Address		
	MELBOURNE/FLORIDA 32940			
		City/State and Zip Code		
	JBSOLD@GMAIL.COM	····	****	
For further information	e-mail address: (	to be used for future annual report not all:	meation)	
JUSTIN BROWN		321 863-7653		
Name	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addr Registration	Section	Street Address: Registration So		
P.O. Box 63	Corporations 27	Division of Co The Centre of	•	
Tallahassee,			pe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROWN & SON'S POOL SERVIC			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited L Florida document number L24000275250	iability Company	were filed on 06/17/2024	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
THE POOL GUYS, LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLo	"O" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		6022 FARCENDA PLACE	
Principal office address MUST BE A STREE		SUITE 104	,
Trincipus Office and con 11201 122 122 122	<u> </u>	MELBOURNE, FL 32940	## 10 - <del>Q</del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6022 FARCENDA PLACE	AM 8: 2
		SUITE 104	
		MELBOURNE, FL 32940	
B. If amending the registered agent and/or agent and/or the new registered office addre	ss here:	address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:	LISI ROSS		<del></del>
New Registered Office Address:	6022 FARCEN	IDA PLACE, SUITE 101	·
	<del></del>	Enter Florida street addr	exx.
	MELBOURNE	, F	lorida <sup>32940</sup>
		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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			☐ Change
		□Add	
		□Remove	
			□Change
			Remove
			□Change

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	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: 7/29/2024 (optional) ective 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the red	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	duly 29. 2024.
	Signature of a member or authorized representative of a member
	JUSTIN K BROWN
	Typed or printed name of signee

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Filing Fee: \$25.00