L24000314462

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COVER LETTER

	Registration Se Division of Co				
SUBJEC [*]	Profession:	al Pools Mud Services & More	:. LLC		
SOBJEC	'	Name of Lin	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please rett	ırn all correspo	ondence concerning this matter	to the following:		
		Lilibeth Henao Cabal			
			Name of Person		
			Firm Company		
		4000 20th St. W. Apt 313		<u>.</u>	- 1
			Address		
		Bradenton, FI 34205			
			City/State and Zip Code	10.	77 77
For further	information c	E-mail address; (oncerning this matter, please e	to be used for future annual report noti-	fication)	`Status & Dy
	enao Cabal	· ·	941 348-4062 at ()		
	Name o	f Person		e Telephone Number	_
Enclosed is	s a check for th	ne following amount:			
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
R	lailing Addres egistration S	Section	Street Address: Registration Sec	ction	
D	ivision of C .O. Box 632	orporations	Division of Coη	porations	
	.O. Box 632 allahassee, F		The Centre of T 2415 N. Monroe	allahassee e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Professional Pools Mud Services & More, 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 $\frac{07/15/2024}{2}$ _ and assigned Florida document number 1.24000314462 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Professional Pool Services & More, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Ξ. 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: Emer Florida street address , Florida _

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 femoved from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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fective date, if other than the date of filing:			(optional)
n effective date is listed, the date must be specific and cannot be ite: If the date inserted in this block does not meet the a cument's effective date on the Department of State's rec	ipplicable statute	ing or more than 90 ery filing requirer	days after filing nents, this date	g) Pursuant to 605,020 will not be fisted a
ecord specifies a delayed effective date, but not an effecti is filed.	tive time, at 12:0	l a.m. on the ear	lier of: (b) T	he 90th day after the
ned 07/23/2024				
Λ 4 8 / 11	. 20	_ >>		
Likity Signature of a member or	authorized repres	entative of a memb	er	

Filing Fee: \$25.00