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COVER LETTER

	ision of Corp						
CHR ITOT-	VANGUARD POOL COMPANY LLC						
SUMPLCT.	•	Name of Lim	ited Liability Company				
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Denisse Patterson					
			Name of Person				
		·	Firm Company	· · · · · · · · · · · · · · · · · · ·			
10365 SW Captiva Dr							
			Address				
		Port St Lucie, FL 34987					
			City State and Zip Code				
		denissepatterson3@gmail.c					
		E-mail address: (to be used for future annual report no	oblication)			
For further i	nformation o	oncerning this matter, please o	all:				
Denisse Patterson		· ·	786 238-6320 at ()				
	Name o	f Person	Area Code Dayt	ime Telephone Number			
				* * * -			
Enclosed is	a check for th	ne following amount:					
■ \$25.00 f		☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT T0 ARTICLES OF ORGANIZATION OF

FILED

VANGUARD POOL COMPANY LLC

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(A Flonda Limited Liability Company as it now appears on our records.)
(A Flonda Limited Liability Company) TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on $\frac{08\cdot20\cdot2024}{1000}$ and assigned Florida document number ______L24000366225 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VANGUARD POOLS OF THE PALM BEACHES LL The new name must be distinguishable and contain the words "Limited Liability Company," the designation "ELC" or the abbreviation "L.L.C." 10365 SW Captiva Dr. Enter new principal offices address, if applicable: Port St Lucie (Principal office address MUST BE A STREET ADDRESS) Florida 34987 10365 SW Caprtiva Dr. Enter new mailing address, if applicable: Port St Lucie (Mailing address MAY BE A POST OFFICE BOX) Florida 34987 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: Denisse Patterson Name of New Registered Agent: 10365 SW Caprtiva Dr. New Registered Office Address: Enter Florida street address

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.

Cuv

Port St Lucie

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 =	Authorized	Member
– אעוי.ה	Author Ecu	"LICHING

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Denisse Patterson	10365 SW Captiva Dr. Port St Lucie, FL 34987	
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				OA OA	
E. Effective date, if other than the	08/20/202- date of filing:	1	(optional)		
olf an effective date is listed, the date must	be specific and cannot be prior	or to date of filing or more than 9	O days after filing.) Pursuant to 60	05.0207 (3 Kb)	
Note: If the date inserted in this blo document's effective date on the De	ick does not meet the appli- partment of State's record-	icable statulory liling require s.	ments, this date will not be it	sted as the	
	•				
If the record specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on the ea	urlier of: (b) The 90th day af	ier the	
record is filed					
Sugary 21	2024				
August 31 Dated		·			
	~ .	مرد علما م			
	Signature of a member or aut	Patterson horzed representative of a men	nber		
	-	-			
Denisse Patterson					
	Typed or prin	nted name of signee			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)