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RALLAND ALLEPT TO

COVER LETTER

TO:	Registration Sec Division of Corp					
C11B 1E7	LR POOL	AND SERVICES LLC				
SUBJEA	CT:	Name of Lim	ited Liability Company	···		
		Amendment and fee(s) are sub				
		LUIS E ROJAS	٠			
			Name of Person			
		LR POOL AND SERVIC	ES LLC			
			Firm/Company			
		2685 55TH TER SWAPT B				
		Address				
		NAPLES, FL 34116				
		marcia@1waytaxservices.co				
		E-mail address: (to be used for future annual report notifi	cation)		
For furth	ner information co	oncerning this matter, please c	all:			
LUIS E	ROJAS		703 762-6003			
***	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed	d is a check for th	e following amount:				
□ \$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address	s:	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

LR POOL AND SERVICES LLC	
(<u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Company as it nov	v appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	1 on and assigned
Florida document number <u>L24000427861</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
LR POOL & SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the 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 BOX)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, enter the name of the new r
Name of New Registered Agent:	
New Registered Office Address:	
E	inter Florida street address
	, Florida
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 =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Remove
			□Change
			
			□Change
			🗆 🗀 Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove

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LR POOL AND SERVICES LLC BY LUIS E ROJAS - AMBR Typed or printed name of signee			Typed or printed	d name of signee	

Filing Fee: \$25.00