## L25000115941

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT: Troyer	s pool service	_		
3013111.011 <u></u>	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Bran	Name of Person	<del></del>	
	Trejers p	Service Firm/Company		
	1032 Alb.	Address	<del></del>	<b>5.3</b>
	Sarajeta F	City/State and Zip Code		2025 APR
	F-mail audress: (	Service panal com to be used for lawre annual report notifi	cation)	<u></u>
For further information c	oncerning this matter, please c	all:	<u>고,</u> * 당한	<b>8</b> :
Branco Name o	T o Ve/	at ( <u>941</u> ) - <u>310 -</u> Area Code Daytime	2294 Telephone Number	57
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sec	tion	
Division of C P.O. Box 632		Division of Corp The Centre of Ta		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/rovers	pool Servic	<u>e</u>				
( <u>Nam€ of the Limi</u>	Dock Service ted Liability Company of (A Florida Limited Liab	is it now appears on lility Company)	our records.)			
The Articles of Organization for this Limited L		re filed on	10/2025	and a	ssigned	i
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liability	company here:				
The new name must be distinguishable and contain the v	vords "Limited Liability (	Company," the design	ation "LLC" or the abbr	eviation "	L.L.C."	
Enter new principal offices address, if applic	cable:				<u> </u>	
(Principal office address MUST BE A STREE	ET ADDRESS)				202	
					74 G	
	_			:	70  	!
Enter new mailing address, if applicable:	_			<u> </u>	<u></u>	<del></del>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			- 74 - 75 - 71 - 71	<u>∞</u>	
B. If amending the registered agent and/or ragent and/or the new registered office addre		ress on our recor	ds, <u>enter the name</u>	of the no	ew reg	<u>istere</u>
Name of New Registered Agent:	Brandon	James	Troper		,	
New Registered Office Address:		Enter Florida st	reet address	<del></del>		
			, 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Brandon Troyer	1032 Albritan Ave	Add
	•	Sarasuta FC 34232	□Remove
			□Change
MGR	Branden Troper	1032 Albritton Ave	🗹 Add
		1032 Albritton Ave Sarasta FL 34232	
			□ Change
	<del></del>		□Add
			□Remove
		<del></del>	□Change
		<del></del>	□Add
			Remove
			□Change
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Effective date, if other than the date of filing: (optio	nal)	
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