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(Address)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
J. HORNE			
JUL 2 0 2022			

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RECEIVED 2022 JUL 19 AM 9: 06
2022 JUL 19 PM 2: SECRETARY OF STATE FACTORIST FACTORIST

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DR POOLS LLC				
		<u>,</u>		
· -				
	· · · · . · . · · . · · . · · · ·			
		•	L	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
			 -	RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	<u></u>			Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	7/10/22			UCC 1 or 3 File
0	7/19/22			UCC 11 Search
Name D	ate	Time		UCC 11 Retrieval
Walk-In W	Vill Pick Up			Courier

COVER LETTER

TO: Registration Sc Division of Cor					
DR POOLS	SLLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	MARCOS REZENDE				
		Name of Person			
	CSG - CAPITAL SERVIC	CES GROUP INC			
		Firm/Company			
	1191 E NEWPORT CENTER DR #103				
		Address			
	DEERFIELD BEACH - F	L 33442			
	•	City/State and Zip Code	· · · · ·		
	MARCOS@THEWAYGR				
For further information c	E-mail address: (oneerning this matter, please c	to be used for future annual report not all:	ification)		
MARCOS		954 427-4770 at ()			
Name of Person		at () Area Code Daytin	ne Telephone Number		
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 Address: Registration Section		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 632			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION
OF

2022 JUL 19
Art 9: 05

(Name of the Limited Liability Company as it now appears on our records) SEE, FLORED
(A Florida Limited Liability Company) DR POOLS LLC

	(A Fierida Limited Liability Company)	· Conting
The Articles of Organization for this Limited		and assigned
Florida document number L15000111009	<u>.</u> .	
his amendment is submitted to amend the fo	llowing:	
If amending name, enter the new name	of the limited liability company here:	
AMA POOLS LLC		
he 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 appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
		······································
3. If amending the registered agent and/or	registered office address on our records,	enter the name of the new regist
gent and/or the new registered office addr		
	•	
Name of New Registered Agent:		· <u>.</u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	address
		Vlorido
	City	, Florida 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>	Name	Address	Type of Action
			□ Add
		· · · · ·	□ Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□ Add
			□Remove
			□ Change
<u></u>			□Add
			Remove
			□Change

Effective date, if other than the date of filing:	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing: [Optional] If an effective 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 603.0207 (3xb) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The effective date are defective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated July 18th 2022	
Effective date, if other than the date of filing: [If an effective 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 603.0207 (3xth Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated [July 18th] [2022]	
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Dated	ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.
Senature of a member or authorized representative of a member	Dated July 18th
	Signature of a member or authorized representative of a member
MARCELO FELIPE SANTOS	MARCELO FELIPE SANTOS

Filing Fee: \$25.00

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co				
DR POOL	S LLC			
Name of Limited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MARCOS REZENDE			
		Name of Person		
	CSG - CAPITAL SERVIC	CES GROUP INC		
	-	Firm/Company		
	1191 E NEWPORT CENTER DR #103			
		Address		
	DEERFIELD BEACH - F	L 33442		
	MARCOS@THEWAYGR	City/State and Zip Code OUP.BIZ		
	_	to be used for future annual report no	tification)	
For further information	concerning this matter, please c	ali:		
MARCOS		954 427-4770		
Name of Person		at () Area Code Daytii	me Telephone Number	
Enclosed is a check for t	the 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 Addre		Street Address:	action	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303