L18000274079

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COVER LETTER

Division of Co	rporations		
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SUBJECT: MICHAE	L'S POOLS LLC	1. 11'11'1. Z	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MIGUEL CASTILLO)	
		Name of Person	
	MICHAEL'S POOLS	LLC	
		Firm/Company	
	2510 NW 37TH PLA	ACE	
		Address	.
	GAINESVILLE FL 3	2605	
		City/State and Zip Code	· · -
	perksfamilytax@gma	ail.com to be used for future annual report notif	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
MIGUEL CASTILL	0	at (<u>352</u>) 441-6423	
	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
X \$25.00 Filing Fee	□ \$30.00 Filing Fee &	S55.00 Filing Fee &	□ \$60.00 Filing Fee,
2 3 23.00 Filling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	INC ADDRESS:	STPFFT/COUDT	FD ADDDESS.

MAILING ADDRESS:

Registration Section

TO:

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

STREET/COURIER ADDRESS:

Registration Section **Division** of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MICHAEL'S POOLS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Months of 6. The Articles of Organization for this Limited Liability Company were filed on 11/27/2018 and assigned Florida document number L18000274079 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KRYSTAL BLUE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: Enter Florida street address , Florida City 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 =	AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			□ Remove		
			Change		
			□ Add		
			□ Remove		
			☐ Change		
			□ Remove		
			Change		
	-				
			☐ Remove		
			☐ Change		
			☐ Remove		
			Add		
			Remove		
			☐ Change		

	
	
	
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(If an effective date is listen Note: If the date inse	ther than the date of filing:
	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: fter the record is filed.
Dated May	Signature of a member or authorized representative of a member
MIGU	EL CASTILLO Typed or printed name of signee

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Filing Fee: \$25.00