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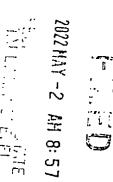
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Seesial Instructions to Ellins Officer
Special Instructions to Filing Officer;

Office Use Only



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COVER LETTER

TO:

TO: Registration S Division of Co			
	CINAS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tomisłav Caleta		
		Name of Person	
	EUROPISCINAS LLC		
	<u>. </u>	Firm/Company	
	117 SW 10th Street, Apt 2	2106	
		Address	
	Miami, FL 33130		
		City/State and Zip Code	 _
	kapalmi@gmail.com		
For further information	E-mail address: { concerning this matter, please c	to be used for future annual report no	otification)
	concerning this matter, prease c		
Alberto Vethencourth		954 348-4047 at ()	
Name o	of Person	Area Code Dayti	ime 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:	Livetion
Registration Section Division of Corporations		Registration S Division of C	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 MAY -2 AM 8: 57

EUROPISCINAS LLC

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

The Articles of Organization for this Limited Liability Company	were filed on <u>02/21/2022</u>	and assigned
Florida document number L22000082373		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9370 SW 170th Page	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33196	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, <u>enter</u>	the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	31
	, Fi	lorida
	Сиу	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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CALETA, NEDA E	CALLE RAMON I. MENDEZ QTA ANITA	
		STA MONICA, CARACAS, DF 1040 VE	■Remove
			□Change
MGR INMACOLATO, DIE	INMACOLATO, DIEGO A	CALLE RAMON I. MENDEZ QTA ANITA	□ Add
		STA MONICA, CARACAS, DF 1040 VE	Remove
			□Change
			□Add
			□Remove
			□ Change
		🗀 Add	
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	tive date, if other than the date of filing:
he reco ord is f	rd 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 iled.
Dated	March 11th 2022
	Signature of a member or authorized epresentative of a member

Filing Fee: \$25.00