

LO7000109 749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

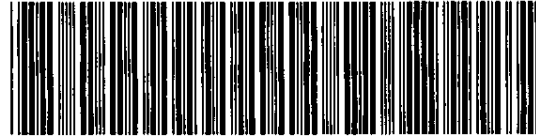
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/21/17--01012--014 **25.00

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17 MAY 15 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2017

ALFREDO RODRIGUEZ
2423 SW 147 AVENUE, SUITE 212
MIAMI, FL 33185

SUBJECT: AR HOMES ACCESSORIES L.L.C.
Ref. Number: L07000109749

We have received your document for AR HOMES ACCESSORIES L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 817A00007929

COVER LETTER

**O: Registration Section
Division of Corporations**

SUBJECT: NATIONAL Pool Design LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alfredo Rodriguez
Name of Person

NATIONAL Pool Design LLC
Firm/Company

2423 SW 147 Ave Suite #212
Address

Miami, FL 33185
City/State and Zip Code

FREDDY@NATIONALPoolDESIGN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfredo Rodriguez at (305) 559-1020
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 ADDRESS:
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
OF

AB HONES ACCESSORIES

(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 10/29/2007 and assigned Florida document number L07000109749.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NATIONAL Pool Design 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)

2423 SW 147 Ave Suite #212
MIAMI, FL 33185

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2423 SW 147 Ave Suite #212
MIAMI, FL 33185

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:

Alfredo Rodriguez

New Registered Office Address:

2423 SW 147 Ave Suite #212

Enter Florida street address

MIAMI

City

Florida

33185

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.

[Signature]
If Changing Registered Agent, (Signature of New Registered Agent)

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FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
President	Alfredo Rodriguez	2423 SW 147 Ave Suite #212	<input type="checkbox"/> Add
		MIAMI, FL 33185	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Change
Add
Remove
Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. 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 605.0207 (3)(b)

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.

If 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 record is filed.

Dated 05/11, 2017

Handwritten signature of Alfredo Rodriguez

Signature of a member or authorized representative of a member

Alfredo Rodriguez

Typed or printed name of signee

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