109000084284

| (Requestor's Name) | _ |
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| (104) | |
| (Address) | |
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| (City/State/Zip/Phone #) | |
| (City/State/Zip/Priorie #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | _ |
| | |
| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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COVER LETTER

| Division of Corp | porations | | |
|-----------------------------|--|---|---|
| | OT OF MIAMI LLC | | |
| SUBJECT: | Name of Limit | ed Liability Company | |
| | | | |
| The enclosed Articles of A | Amendment and fee(s) are subn | nitted for filing. | |
| lease return all correspon | ndence concerning this matter t | o the following: | |
| | SUSANA M LOPEZ | | |
| | | Name of Person | |
| | Luciano | Lopes | |
| | | Firm/Company . | - |
| | 1085 NE 42ND AVENUE | | |
| | | Address | |
| | HOMESTEAD FLORIDA | 33033 | |
| | | City/State and Zip Code | |
| | eilynsh@gmail.com | | |
| | E-mail address: (t | o be used for future annual report notifi- | cation) |
| For further information c | oncerning this matter, please ca | all: | |
| EILYN SOCARRAS HI | ERNANDEZ | 786 479-0632 | |
| Name o | f Person | at () Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for the | he 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

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 OF

POOL DEPOT OF MIAMILLC

company has been notified in writing of this change.

| The Articles of Organization for this Limited I | .iability Company | were filed on 09/01/2009 | and assigned |
|---|----------------------|-----------------------------------|-----------------------------------|
| Florida document number L09000084284 | | | |
| | | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | |
| N/A | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "I | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 924 SW 136 PL MIAMI FI | L 33184 - 코 <u>ഗ</u> - 글 |
| (Principal office address MUST BE A STRE | | | |
| | · | | |
| | | | Ch Ch |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | |
| | | | <u> </u> |
| | | | |
| | | | 17.0 |
| B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: | office address her | | ords, enter the name of the |
| New Registered Office Address: | 924 SW 136 P | L | |
| New Registered Office Address. | | Enter Florida street aa | ldress |
| | MIAMI | | , Florida 33184 |
| | | | |
| | | City | Zip Code |

If Changing Registered Agent, Signature of New Registered Agent

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

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> | Address | Type of Action |
|--------------|-----------------------------|------------------------------|--|
| MGR | EILYN SOCARRAS HERNANDEZ | 924 SW 136 PL MIAMI FL 33184 | |
| | | | Remove |
| | | | ☐ Change |
| MGR SU | SUSANA M LOPEZ | 1085 NE 42ND AVENUE | |
| | | HOMESTEAD FL 33033 | Remove |
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| 11/20/20 Effective date, if other than the date of filing: |) 8 (optional) |
| I'an effective date is listed, the date must be specific and cannot be pr | rior to date of filing or more than 90 days after filing.) Pursuant to 605.0205 blicable statutory filing requirements, this date will not be listed as |
| document's effective date on the Department of State's recor | |
| | |
| ne record specifies a delayed effective date, but The 90th day after the record is filed. | not an effective time, at 12:01 a.m. on the earlier o |
| Dated NOVEMBER /20 2018 | |
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| | , <i>0</i> / |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00