

**L10000003240** (H12000222763 3)

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H120002227633ABCZ

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : M & G ENTERPRISES GROUP CORP.  
Account Number : I20110000078  
Phone : (305)222-1960  
Fax Number : (800)764-6092

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

contact@mgmerchantservices.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
POOL DESIGNS BY LALY, LLC**

Certificate of Status	0
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SEP 11 2012

EXAMINER

From: Gleyder Gonzalez Fax: 1-800-764-60602

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To: Fax: +1 (850) 617-6383

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September 10, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

POOL DESIGNS BY LALY, LLC  
3399 NW 72 AVE  
115  
DORAL, FL 33122US

SUBJECT: POOL DESIGNS BY LALY, LLC  
REF: L10000003240

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H12000221631  
Letter Number: 612A00022716

COVER LETTER

(H12000222763 3)

TO: Registration Section  
Division of Corporations

SUBJECT:

Pool Designs By LaLy, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marilyn Alonso

Name of Person

MG Merchant Services

Firm/Company

7951 SW 40 St, Ste 211

Address

Miami, FL 33155

City/State and Zip Code

contact@mgmerchantservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marilyn Alonso

Name of Person

at (305) 222-1960

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

(H12000222763 3)

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

12 SEP 10 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pool Designs By Lohy, 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 1/11/2010 and assigned  
Florida document number L10000003240

This amendment is submitted to amend the following:

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

N/A  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 now  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

N/A  
Enter Florida street address

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 608, 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.

N/A  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	ALEXIS J. SOCAS	3399 NW 72 AVE 115 Doral, FL 33122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

9/7/12

*Orioli Morell*

Signature of a member or authorized representative of a member

Orioli Morell

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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