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COVER LETTER

TO:

TO:	Registration Se Division of Cor			
SUBJEC		GHT POOLS INC		
SUBJE	JI;	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		RENATA ALCANTARA		
			Name of Person	
		ACCOUNTING PLUS PR	OFESSIONAL SERVICES INC	
			Firm/Company	
		3803 NW 7TH PL		
			Address	
		DEERFIELD BEACH, FL	33442	
			City/State and Zip Code	
		RENATAALC@HOTMAII		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please co	all:	
RENAT	A ALCANTAR		954 913-1520	
Name of Person			Area Code Daytime	Telephone Number
Enclosed	I is a check for th	ne 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)
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUE BRIGHT POOLS INC			
(<u>Name of the Limited Liabili</u> (A Floridi	ity Company as it now appears on our records.) a Limited Liability Company)	.	
The Articles of Organization for this Limited Liability C Florida document number £13000030193	Company were filed on <u>02/27/2013</u>	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the ab	breviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)	<u>ಹ</u>	SEC.
		APR 16	RETAR AHASS
Enter new mailing address, if applicable:	VER		
(Mailing address MAY BE A POST OFFICE BOX)			-FC
		2)RIDA -DA
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of	f the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City .	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
АМВК	DAYANNE ANDRADE	4504 COHUNE PALM CT	⊒ Add
		GREENACRES, FL 33463	☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			☐ Add
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E. Effective date, if other than to (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	oust be specific and cannot be p block does not meet the app	rior to date of filing or n plicable statutory filin	(optional) nore than 90 days after filing.) g requirements, this date of	Pursuant to 60 will not be lis	5.0207 (3)(b ted as the
If the record specifies a delay (b) The 90th day after the re		not an effective	time, at 12:01 a.m. o	on the earli	er of:
Dated	2018	·			
	>				
		uthorized representative			

Typed or printed name of signee