## L14000094246

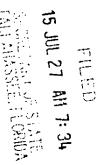
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J. HARRIS

## COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: BLUE POOLS SERVICES, LLC / L1400009424
Dear Sir or Madam:
The enclosed Statement of Correction and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ulises Fernandez  Name of Person  Blue Pools Services, LLC  Firm/Company
14232 SW 50 ST Address
MIAMI FL 33175  City/State and Zip Code
Ulises fale & Yahoo. co.n  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ulises Fernandez at (305) 321-4864  Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee Certificate of Status Certified Copy Certified Copy  \$30 Filing Fee & Certificate of Status Certified Copy  \$55 Filing Fee & Certificate of Status & Certified Copy
CR2E062 (2/14)

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	int to se	section 605.0209, F.S., this document is being submitted to correct a previously filed d				
<u>FIRST</u>	<u>r</u> :	The name of the limited liability company is: Blue Pools Service	15,	LLC		
SECO	ND:	The Florida Document number of the limited liability company is:	709	- 14246 -		
THIRD:		Document to be corrected is:  Articles of Organization, Article IV and I				
×	Contai	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEME ains an incorrect statement. The incorrect statement, the reason the statement is incorrect statement are as follows:  The articles of Organization the correct name the agent is ULISES FERNANDEZ without a "SR". Please remove the "SR" from the me of the agent and person authorized to manage	ect o	nd the		
		defectively signed. The manner in which the document was defectively signed and the ection are as follows:	15 JUL 27			
		electronic transmission of the record was defective.  7/21/2015	34			
Sig	gnature	e of Authorized Representative Date				

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)