## LH000101858

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>e</del> #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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08/18/14--01013--012 \*\*25.00



AUG 1 9 2014

S. YOUNG

August 14, 2014

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 33124

Re: Amendment

To Whom it May Concern:

Enclosed please find the completed form to amend the Articles of Organization of a Florida Limited Liability Company along with a check in the amount of \$25.00.

I can be reached by telephone at (786) 424-4818 or by mail at 1900 SW 23 Terrace, Apt. 4, Miami, FL 33145.

Thank you for your attention in this matter.

Carlos Hernandez

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Carlito's Way	Mobile Pool Store	
	ted Liability Company	
The enclosed Articles of Amendment and fee(s) are subr	nitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
Carlos 71	ernandez	
	Name of Person	······································
<del></del>	Firm/Company	
1900 SW 2	13 terr # 4 Address 33145	77
<del></del>	Address	
Miami, FL	33145	
	City/State and Zip Code	
	to be used for future annual report notification)	
For further information concerning this matter, please ca		
Carlos Hernandez	at ()	18
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	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building	ESS:
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamond Waters Pool S	service & Repairs
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company virtual document number 1 4 000101858	were filed on ob   25   14 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil  Carlito's Way Mobile P  The new name must be distinguishable and end with the words "Limited Liabil"	lity company here:
The new name must be distinguishable and end with the words "Limited Liabil	my company, the designation above of the dooreviation above.
Enter new principal offices address, if applicable:	1900 SU 23 terr 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Principal office address MUST BE A STREET ADDRESS)	#4
<del></del>	Minyi, Fl 33145 : 3
Enter new mailing address, if applicable:	1900 SW 23 terr 8
Mailing address MAY BE A POST OFFICE BOX)	# 4
	Micni, F1 33145
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:	:
Name of New Registered Agent.	v 23 terr ≠ 4
New Registered Office Address: 1900 9	Enter Florida street address
Miami	, Florida 33145
P. (101.4)	, Florida
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
	•		
			□ Remove
			Add  Remove
			Add J
			☐ Remove
		<del></del>	
			□ Remove
			□ Add
			Remove

(The effective date must be spe	than the date of filing: (optional) ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after d by the Florida Department of State)
(The effective date must be spe the date this document is filed	ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
(The effective date must be spe	ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
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Filing Fee: \$25.00