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(Req	uestor's Name)	
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(City)	/State/Zip/Phone	e #)
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COVER LETTER

Divisio	on of Corporations			
SUBJECT:	llure Pool Construction Servi	ce & Remodeling LLc		
SUBJECT: _	Name of Li	mited Liability Company		
The enclosed A	rticles of Amendment and fee(s) are su	abmitted for filing.		
Please return all	correspondence concerning this matte	er to the following:		
	Oscar Arroyo			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Arroyo Pools			
		Firm/Company		
	8863 SW 206 Lane	•		
		Address		
	Cutler Bay, FL. 33	189	ALL A	t medier
	- 11 1 - 1 - 11 11 11 11 11 11 11 11 11 	City/State and Zip Code		riyalar (dina)
	Oarroyo47@gmail.c		SS -	1
		to be used for future annual report notific	cation)	
For further info	rmation concerning this matter, please	call:	PM 2: 47 OF SIAIL OFLORIDA	2
Oscar Arroy	/ 0	786 499-9930	19 × 40	
	Name of Person		Telephone Number	
Enclosed is a ch	neck for the following amount:			
□ \$25.00 Filin	ng 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:

TO:

Registration Section

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

(Name of the Lim			ears on our records,)	<u>-</u> .	
The Articles of Organization for this Limited I Florida document number L14000145399	Liability Company	were filed on	9-5-2012/ 9-16-2014	_ and assigned	
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liab	oility company	<u>here</u> :		
ARROYO POOLS L L C.					
The new name must be distinguishable and end with th	e words "Limited Lial	bility Company," t	he designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if appli	icable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)			2015	es-
Enter new mailing address, if applicable:		N/A		EB 17 F	entr
(Mailing address MAY BE A POST OFFICE	E BOX)			FE SIAL FI	
B. If amending the registered agent and registered agent and/or the new registered of	•		on our records, <u>enter th</u>	e name of the ne	W.
Name of New Registered Agent:	N/A			··· ·· · · · · · · · · · · · · · · · ·	
New Registered Office Address:	N/A				
		Enter F	lorida street address		
			, Florida		
		Citv		Zin 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

Page 1 of 3

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			
			□ Remove
N/A 			Add
			□ Remove
N/A			Add
			□ Remove
N/A			2015 FEB 17 PH 2: 47 PALLAHA ESEE FEORIDA
.			Elemove 2: 4.7
N/A			□ Add
			□ Remove
N/A 			D Add
			□ Remove

). II au	•	n, enter change(s) here: (Attach ad Ilure Pool Construction Servic	
	to New name : Arroyo Po	ools LLC	
(The ef	ctive date, if other than the da ffective date must be specific, cannot be ate this document is filed by the Florid	e prior to date of receipt or filed date and ca	(optional) nnot be more than 90 days after
Date	February 11	2015	
	Oscar E. Arroyo	mature[o] a member or authorised represent	

Page 3 of 3

Filing Fee: \$25.00

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