# L14000192345

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(De	ocument Number)	<del></del>
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	<u> </u>





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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2021

**RONALD FUERTES** 711 TASESCHEE DR SEBRING, FL 33870

SUBJECT: DJ'S POOL SERVICE, LLC

Ref. Number: L14000192345

We have received your document and check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00003862

Susan Tallent Regulatory Specialist II

www.sunbiz.org



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2021

RONALD J. FUERTES DJ'S POOL SERVICE, LLC 711 TASESCHEE DR. SEBRING, FL 33870

SUBJECT: DJ'S POOL SERVICE, LLC

Ref. Number: L14000192345

We have received your document and check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

www.sunbiz.org

Letter Number: 621A00001289

#### **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations			
SUBJECT:	s Pool SEZVic	ie IIC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		OMALD FUERT	ES
	Name of Person		
	DIS Pac	SERVICE 11C	
		Firm/Company	
	711 TASESCH	HEE DZ. Address	
		Address	
		TI 2\0 <sup>-</sup> \-	
	EDZAC,	FL 3387c City/State and Zip Code	
	XV0. 1	enyistate and zip code	
	E-mail address: (	to be used for future annual report not	ification)
			•
For further information co	oncerning this matter, please co	all:	
Donala -	T - DTS	es63, 214°	9171
POTAL FUERTES at (863) 314 9171  Name of Person Area Code Daytime Telepho		ne Telephone Number	
		·	
Enclosed is a check for th	e following amount:		
\$1,\$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	<b>5</b> :	Street Address:	
Registration S		Registration Sc	ection
Division of Co	Division of Corporations Division of Corporations		rporations
P.O. Box 632	7	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DI'S Pool SERVICE, 11C	<del></del>
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	oppears on our records.)  [2/17/2014]
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L 140</u> 192345.	on DECEMBER 17 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain 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)	
	700 i 14.2
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	1
	9
B. If amending the registered agent and/or registered office address on cagent and/or the new registered office address here:	our records, enter the name of the new registere
Name of New Registered Agent:	
Name Bracistanad Office Addresses	
New Registered Office Address:  Ente	er Florida street address
	Florida
City	, 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 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>	<u>Name</u>	Address	Type of Action
AMBR	ALESMONDE P. AUGE	727 TASESCHEE DZ SEDRING, FL 33870	□ Add
		SEBRING, FL 33870	Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			□Remove
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			□Add
			□Remove
			□Change
<del></del>		<del></del> -:	□Add
			□Remove
			□Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ci	tive date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	2/28/21
	Signature of a member or authorized representative of a member
	Typed or printed pages of signers
	Typed or printed name of signee

ETT E CAFOO