# L15000017352

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(C	Occument Number)	<del></del>
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SECRETARY OF STATE
VALUE HASSEE, FLORIDA

18EP 27 7015

### COVER LETTER \*

	Division of Corp	orations		•		
CTI	SW STONE	ART & DESIGN, LLC				
301	BJECI:	Name of Limit	led Liability Company			
The	enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Plea	ase return all correspoi	ndence concerning this matter t	o the following:			
		FERNANDO SILVA				
		<u> </u>	Name of Person			
		CAMPANA GROUPS, INC	2			
	Firm/Company 1761 W. HILLSBORO BLVD					
			Address			
		DEERFIELD BEACH, FL	33442			
		<del> </del>	City/State and Zip Code			
		FERNANDO@CAMPANA				
		E-mail address: (t	o be used for future annual report notific	ation)		
For	further information co	oncerning this matter, please ca	11:	SECH	2015	erit.
FE	RNANDO SILVA		954 228-0706 at ()	HAS MAS	SEP	
	Name of	f Person	Area Code Daytime	relephone Monber	<b>∞</b>	
				·FES	≥	
En	closed is a check for th	ne following amount:		RAT	ŧ= Ö	
	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,000 Fil Certifica Certified (additional	ling Pee te of Sta Copy	atus &

#### 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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SW STONE ART & DESIGN, LLC	
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	bility Company were filed on 02/12/15 and assigned
Florida document number L15000027352	··
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
WATERSPLASH POOLS, LLC	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	hle•
, , , , , , , , , , , , , , , , , , ,	
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u> </u>
	₩
B. If amending the registered agent and/o	
registered agent and/or the new registered offi	
	SET &
Name of Nam Basistand Asset.	
Name of New Registered Agent:	
New Registered Office Address:	ORIT OR
	Enter Florida street address >
	, Florida
	City 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

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

AMBK = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		<del> </del>	□ Remove
			Change
		•	Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			ALLAHET AS
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			FLORDE Add
			Remove
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			Remove
			☐ Change

POOL SERVICES, POOL EQUIPM	IENTS, PUMP REPAIRS A	ND INSTALLATION, POOL	REMODELING
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		FLOR	Ö Ö
ctive date, if other than the date o	f filing:	Poptio	on <b>al</b> )
effective date is listed, the date must be spece: If the date inserted in this block does		i ming or more than 90 days after	ming.) Pursuant to 603
iment's effective date on the Departme		/	aute will not be its.
ecord specifies a delayed effect	tive date, but not an ef	fective time, at 12:01 a	.m. on the earli
ne 90th day after the record is	meg.		
SEPTEMBER 14	2015		
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	re of 4 member or authorized rep		

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Filing Fee: \$25.00