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### **COVER LETTER**

TO: Registration Section Division of Corpo		•	-1
SUBJECT: Sw	Name of Limi	Dervices, LLC ted Liability Company	<del></del>
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Alan D	ebs Name of Person	
	Son Out	Les Series Firm/Company	LLC
	5944 C	orc 1 Ridge Or	up Ste 231
	Coral Sp	ons Fl 3307	76
-	Alan @ Su E-mail address: (1)	City/State and Zip Code  n blue pools. com o be used for future annual report notifi	( ication)
For further information cond	erning this matter, please ca		
Ham De Name of Pe	Z\son	at (561) 322- Area Code Daytime	-9380 Telephone Number
Enclosed is a check for the t	ollowing amount:		
\$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:

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 **ARTICLES OF ORGANIZATION**

	•
Som On Loor E (Name of the Limited Liability (A Florida Lie	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con	supany were filed on $\frac{12 5 3017}{}$ and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company 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:	5944 Coral Ridge Onive Ste23
(Principal office address MUST BE A STREET ADDRES	5944 Corel Ridge Drive Ste23 Corel Spanys, Fl 33076
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	39441 Coral Ridge Dave, Str 231 Coral Springs, F1 33076
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, <u>enter the name of the new</u> is here:
Name of New Registered Agent: Page	al Schreier
New Registered Office Address: 59	44 Core Didge Datue, Ste 231  Enter Florida street olderess
Con	al Spanss, Florida 33076 Zip Code
New Registered Agent's Signature, if changing Registered A	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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MBR	Robart & Franco	Caral Sprys F1 33065	D Add	
		Correl Janus F1 33065	Remove	
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(If an et <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	12/4/17 2017
	Signature of a member or authorized representative of a member
	illan Dehr
	Typed or printed name of signee

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Filing Fee: \$25.00