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K.SALY EXAMINER UNR 23

COVER LETTER

то:	Registration Sec Division of Corp			
CUDI		OOL SERVICES I LLC		
SUBJ	EC1:	Name of Limi	ted Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		DIEGO SANDOVAL		
		make man galantin o e til gill den ga	Name of Person	
			Firm/Company	
		11710 SW 110 LANE		
			Address	
		MIAMI, FL 33186		
			City/State and Zip Code	
		diegospoolservice@gmail.co		
			to be used for future annual report no	otification)
For fu	rther information co	oncerning this matter, please ca	ill:	,
DIEG	O SANDOVAL		786 6506833	
	Name of	Person		ime Telephone Number
Enclo	sed is a check for th	e following amount:		
□ \$2	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:

TO:

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

2016 MAR 21 PM 12: 43

DIEGO'S POOL SERVICES I LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>07/10/2015</u>	and assigned
Florida document number L15000119389		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SUNLIFE POOLS SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		enter the name of the new
New Registered Office Address.	Enter Florida street address	
	Flor	rida
	City	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member		Address Add		
<u>Title</u>	<u>Name</u>	Address PH 12: 43	Type of Action	
		THAT SEE TOND.		
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fective date, if other than the date of filing: $\frac{02/7}{2}$	23/2016 (optional)
an effective date is listed, the date must be specific and canno	t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in this block does not meet the ocument's effective date on the Department of State's	he applicable statutory filing requirements, this date will not be listed as
realist 3 effective date of the Department of State 3	records.
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record specifies a delayed effective date, The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00