

L15 000190793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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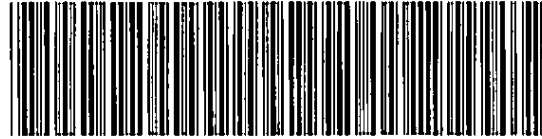
(Business Entity Name)

(Document Number)

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FILED

2021 FEB -1 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FL

3/17/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sparkling Sapphire Pool Care, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW G DAHLBERG
Name of Person

SPARKLING SAPPHIRE POOL CARE, LLC
Firm/Company

PO BOX 1377
Address

TITUSVILLE FL 32781
City/State and Zip Code

sparkling.sapphire.pool.care@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW DAHLBERG at (321) 362-8789
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2021 FEB -1 PM 12:50

Sparkling Sapphire Pool Care, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on November 10, 2015 and assigned Florida document number L15000190793.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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:

(Principal office address MUST BE A STREET ADDRESS)

4619 Chelsea Ct

Titusville FL 32796

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 1377

TITUSVILLE FL 32781

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MATTHEW G DAHLBERG

New Registered Office Address:

4619 Chelsea Ct

Enter Florida street address

Titusville

City

, Florida

32796

Zip 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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	AMBER H RUSSELL	1065 SOLAMERE DR. #201	<input type="checkbox"/> Add
		TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATTHEW G DAHLBERG	4619 Chelsea Ct.	<input checked="" type="checkbox"/> Add
		Titusville FL 32796	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LICIA M DAHLBERG	4619 CHOLSEA CT	<input checked="" type="checkbox"/> Add
		TITUSVILLE FL 32796	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated 1/27/2021 January 27 2021


Signature of a member

Signature of a member or authorized representative of a member

Matthew G Dahlberg
Typed or printed name of signer

Filing Fee: \$25.00