

L16000016992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

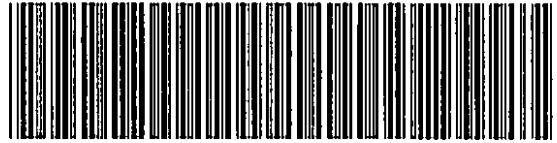
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2022 MAR 25 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FL

cf 4/4/2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANGEL FALLS POOL AND SPA SERVICES, 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:

JUAN HERNANDEZ

Name of Person

MGR

Firm/Company

17005 LOSILLAS CIR #1421

Address

FORT MYERS, FL 33913

City/State and Zip Code

hernandezaje@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIOMAR SOSA

239 3138273
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



RECEIVED

2022 MAR 25 AM 7:54

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

March 11, 2022

JUAN HERNANDEZ
17005 LOSILLAS CIRCLE #1421
FORT MYERS, FL 33913

SUBJECT: ANGEL FALLS POOL AND SPA SERVICES,LLC
Ref. Number: L16000016992

We have received your document for ANGEL FALLS POOL AND SPA SERVICES,LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 922A00005820

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

FILED

2022 MAR 25 PM 5:55

ANGEL FALLS POOL AND SPA SERVICES, LLC

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

SECRET
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/25/2016 and assigned
Florida document number L16000016992.

This amendment is submitted to amend the following:

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

ANGEL FALLS POOL AND PRESSURE CLEAN, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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>
MGR	JUAN HERNANDEZ	17005 LOSILLAS CIR, #1421	<input type="checkbox"/> Add
		FORT MYERS FL, 33913	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	GIOMAR SOSA	17005 LOSILLAS CIR, #1421	<input type="checkbox"/> Add
		FORT MYERS FL, 33913	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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 3/22/22

June Hernandez
Typed or printed name of signer

Filing Fee: \$25.00