Florida Department of State

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To:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VICTORIA COPING & TILE POOLS LLC

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SUBJE			Name of Li	mited Li	ability Co	нтрапу				
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Please	return all correspond	ence co	nceming this matte	er to the	followin	ig:				
		Regina	ildo Machado Nei	o						
				<u> </u>	Name of	Person				_
		VICTO	ORIA COPING &	TILE P	ools l	LC				
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For fur	ther information con	cerning	this matter, please	call:						
Regina	ldo Machado Neto				721 at (7 ;	303-244	7	_	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Reginaldo Machado Neto	¢r									
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: **OF**

VICTORIA COPING & TILE POOLS LL	.C	
(Name of the Limited List (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L16000047218</u>		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		
Enter new mailing address, if applicable: (Mailing address MAY BE A PQST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		name of the new registere
Name of New Registered Agent:		2 PA
New Registered Office Address:	Enter Florida street address	
	, Florida	
,	Cin	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.

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MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	EWANA F DIAS MACHADO	12430 Lakeview Dr 01	■Add
	;	Dade City FL 33525	□Removc
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