## L1600005388L

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PICK-UP WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporation	ns		
	Salas Pa	~15 /1c	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of Amend	ment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
	Luis	M Salas Name of Person	
	Salas	Pools UC.	
	<b>3</b> 223 (	Bee lidge Rd	on  CC.  any  e Rd.  239.  Code  annual report notification)  annual report notification)  annual report notification  annual report notification  annual report notification  Company  annual report notification  annual report notification  Company  Co
	Sarazot	FI 34239. City/State and Zip Code	
	Salas (vi E-mail address: (i	5 950 @ amail to be used for future annual repo	rt notification)
For further information concerni	ng this matter, please ca	all:	
Luis M Sala Name of Person	<u>5.</u>	at ( <u>941</u> ) <u>87</u> 4 Area Code E	9-3673. Paytime Telephone Number
Enclosed is a check for the follo	wing amount:		
In \$25.00 Filing Fee ☐ \$	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy
Mailing Address: Registration Sectio	n	Street Addro Registratio	
Division of Corpor			f Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salas Pools	110	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appear rability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1600053886</u> .	were filed on <u>C</u>	3-16 /2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company he	ere:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ne current address.
(Principal office address MUST BE A STREET ADDRESS)	3223	Bee lidge ld
	Somo	a FI 34239. 🚆
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our r	ecords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
		, Florida
	City	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	performance of	my duties, and I am familiar with and

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

Title	<u>Name</u>	Address	Type of Action
MGR.	Salas luis M	3223 Bee Bidge Rd.	□Add
		Sarabota Fl 34239.	□Remove
			□ Change
MGR.	Ruvalcava Zamarripo	i Jose.	🗆 Add
		3223 Bee lidge ld	□Kemove
		Garasota Fl 34239	□Change
			□Add
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ecord specifies a is filed.	delayed effective	date, but not a	m effective ti	ne, at 12:01 a	.m. on the earl	ier of: (b)	The 90th	i day after th
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ited <u>CD - 13</u>								
nted <u>05 - 16</u>	k Lins	m Saki	S					

Filing Fee: \$25.00