L16000086385

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600287089846

06/22/16--01008--018 **25.00

TILEU 22 P 22 14

JUN 2 8 POLS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DISMAPOL 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:
JOSE L. ESCUELA Name of Person
DISMA POOL, LLC
207 ASHBOURNE DR
OCLANDO FL 32835
City/State and Zip Code d'smapol@hotmail.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Compared to the used for future annual report notification Fig. 1 Fig. 2 Fig. 3 Fig. 4 Fig.
JOSE L. ESCUELA at (321) 2760497 22 Name of Person Area Code Daytime Telephone Number 777 7
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

DISMA POOL,	LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 16000086385</u>	were filed on 5/2/16	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	pility company here:		
N/A			·
The new name must be distinguishable and contain the words "Limited Liab	ility Company,* the designation "LLC" or the	abbreviation *L.L.C	D. "
Enter new principal offices address, if applicable:	N/A		
(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 or registered agent and/or the new registered office address he			the new
	_	2016 . SECT	-
Name of New Registered Agent:	N/A		* 1 ***********************************
New Registered Office Address:		22 KRY SSE	
	Enter Florida street address		{-mm}
		<u> </u>	
New Projector of Apontha Signature if changing Projector of Aponth	City	Zip Code-	
NAM Pediateran Adentic Signatura It ananging Pagiateran Adent	•		

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 **Type of Action Address Title Name** MONTOYA, DUNIA 207 ASHBOURNE DR _ 🛛 Add ☐ Change _□ Add □ Remove _□ Change _□ Add □ Remove _□ Change Remove 22 Change □ Remove _□ Change _□ Add □ Remove _□ Change

	_			
				
			-	
	<u> </u>			
		*	<u> </u>	
,				
			7 co	2
			F 6	
			3	. ~>
			- GA	2 7
		·		
Televis and			<u> </u>	
ective date, if other than the date of effective date is listed, the date must be species. If the date inserted in this block document's effective date on the Department.	cific and cannot be prior to es not meet the applical	o date of filing or more than ble statutory filing requi	(optional) n 90 days after filing.) Pursu rements, this date will n	ant to 605.0 ot be listed
record specifies a delayed effective he 90th day after the record is		an effective time,	at 12:01 a.m. on th	e earlier
ed JUNE 18TH	<u>2014</u>			
Hoselel	V 1			
\1 C: at.	are of a member or author	ized representative of a m	ember	

Page 3 of 3

Filing Fee: \$25.00