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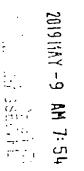
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C. GOLDEN MAY 22 2019

COVER LETTER

TO: Registration Section Division of Corpora		·	
SUBJECT: JDFHE	S ENTERPRISE	S LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of Amo	endment and fee(s) are subm	itted for filing.	
Please return all corresponder	ace concerning this matter to	the following:	
	505	E Di Filippo Herna	ndez
-		Name of Person	
	SDFH	B ENTERPRISES LI	_C
-		Firm/Company	
	2900	NE 74 AVE, UNIT	2802
-	<u> </u>	Address	
	HIA	HI 1 12 33137	
		City/State and Zip Code	<u> </u>
_	= • :	DA POOLS @ GHALL. CO be used for future annual report a	
For further information conce		•	
JOSE D FILM	2PD Hernandez	at (<u>186</u>) <u>502</u> Area Code Dayt	- 5139
Name of Per	son	Area Code Dayt	ime Telephone Number
Enclosed is a check for the fo	llowing amount:		
S25.00 Filing Fee C	3 \$30,00 Filing Fee & Certificate of Status	S55.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 HAY -9 AH 7: \$4

JDFMB ENTERPRISA	ES LLC	THE C LANGE	
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ibility Company)	USEK	
The Articles of Organization for this Limited Liability Company we Florida document numberL16 000 t 0 13 t 0	vere filed on06 / 02 / 29	ond assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
SUN FLORIDA POOLS LLC			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2900 NE 7th HUE		
(Principal office address MUST BE A STREET ADDRESS)	UNIT 2802		
	HIAMI, 7L 33137		
Enter new mailing address, if applicable:	2900 NE TH AVE		
(Mailing address MAY BE A POST OFFICE BOX)	UNIT 2802		
The state of the s	HIAHI, \$133137		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, en	nter the name of the ne	
New Registered Office Address:	*		
	Emer Florida street address		
-	 Florid	a	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I ovided for in Chapter 605, F.S.	am familiar with and Or, if this document is	

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

	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			□ Remove
			Change
	/	/	Remove
			□ Change
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			Change
			□ Remove
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an effective of the state of th	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or mot the date inserted in this block does not meet the applicable statutory filing t's effective date on the Department of State's records.	requirements, this date will not be listed a
e record The 90	rd specifies a delayed effective date, but not an effective tir Oth day after the record is filed.	me, at 12:01 a.m. on the earlier
atod	HAY 6th 2019	
aivu		
		#### · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of	ramen yny yt // /
	JUE DI FILIPPO HENWANDEZ	////

Page 3 of 3

Filing Fee: \$25.00