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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SAI+ LiFe Pools of Pasco 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:
Angela SantiAGO Name of Person
SAH Life Pools of Pasco LLC Firm/Company
10885 OID lakehad Hwy Address
Dade City FL 33525 City/State and Zip Code
SANTIAGO Augela 343 (O) GIVAIL. COM E-mail address. (No be used for fullar second report positionion)
For furt her information concerning this matter, please call:
Avgela Sauli A60 at (813) 415 - 5846  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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

Salt Life Pools	OF PASCO LLC  lity Company as it now appears on our records.)  da Limited Liability Company)	18 0
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	550日
The Articles of Organization for this Limited Liability of Florida document number <u>L16000125273</u> This amendment is submitted to amend the following:	Company were filed on 7-7-2016	29 OH 12: 21 SSET STATE ANDA
A. If amending name, enter the new name of the lin	nited liability company here:	
SPIASH TECH Pools LL. The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable:	C mited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
(Principal c)fice address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	· · · · · · · · · · · · · · · · · · ·	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	. Florida	1
<del></del>	Сиу	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				
Title	Name	<u>Address</u>	Type of Action	
		<del> </del>	☐ Remove	
		<del></del>	☐ Change	
			☐ Remove	
		<u></u>	☐ Change	
		<del></del>	🖸 Add	
			□ Remove	
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			D Remove	
			Change	

). If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
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<del></del>	
(If an effect Note: If	e date, if other than the date of filing: 10-25-2018 (optional) ive 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)(to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Angla SantiAGo Typed or printed name of signee

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Filing Fee: \$25.00