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D. SCOTT MAR 2 1 2017

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	SI	JNRISE POOL CARE, LLO	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
		ANGELA MACK Name of Person	
	TAX_ACCOUNTI	NG & FINANCIAL SPECIA Firm/Company	ALISTS LLC_
	2295 S I	HIAWASSEE RD SUITE 4 Address	07F
	O	RLANDO-FLORIDA 32835 City/State and Zip Code	SECON SECON
	E-mail address: (t	ATRIX@CFL.RR.COM o be used for future annual report notif	ication)  SSET OF PRICE 1339  The Transport of the Transp
For further information c	oncerning this matter, please ca	di:	Filog Par I
ANGELA I Name o	MACK f Person	at (407) 403-3 Area Code Daytime	339 Se Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SUNRISE POOL CARE, I	LLC	
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	<del></del>
ne Articles of Organization for this Limited I	Liability Company were filed on	07/14/2016	and assigned
orida document numberL16000130104_			
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liability company her	<u>·e</u> :	
N/A	·		
new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
ter new principal offices address, if appli	cable:		
rincipal office address MUST BE A STRE			
			1.0 <b>1</b>
	<del></del>		200
ter new mailing address, if applicable:			强夷"
- · · · · · · · · · · · · · · · · · · ·			· 6 经公司
ailing address MAY BE A POST OFFICE	<u>. BUX)</u>		me e
If amending the registered agent and	Vor registered office address on	our records enter	
ristered agent and/or the new registered of	office address here:	our records, enter	the mane or cone
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
	Enter Flori	da street address	
		, Florida	
	City		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VINICIUS DE ARAUJO SILVA	2462 LAKE DEBRA DR APT 2208	⊠∕Add
		ORLANDO-FL 32835	□ Remove
			□ Change
MGR	VIVIAN A SILVA SANTOS	2462 LAKE DEBRA DR APT 2208	<b>⊡</b> ∕Add
		ORLANDO-FL 32835	□ Remove
			Change
MGR	BIANCA T CHAVES TASSO	3300 S. HIAWASSEE RD STE 107-A	
		ORLANDO, FL 32835	<b>☑</b> Remove
			☐ Change
MGR	MARCOS A LIMA TASSO	3300 S. HIAWASSEE RD STE 107-A	🗆 Add
		ORLANDO, FL 32835	<b>☑</b> Remove
			☐ Change
			Add
			Premoven
			Add 33
			□ Change

	he member as mentioned above should be added to the company. All the shares will be distrib
b	etween the member managers in the company.
_	
_	
_	
_	
.4:	a data if ather they the data of filings
ffec	e date, if other than the date of filing: (optional) tive 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
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be t's effective date on the Department of State's records.
	·
eco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earth day after the record is filed.
e 9	Oth day after the record is filed.
d	1 orch 16, 7017.
(	
	Signature of a-member or authorized representative of a member
	- Nighabire of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00