## L 160001437-05

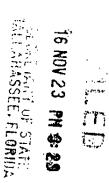
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## **COVER LETTER**

SUBJECT		of SWFL LLc		
o bole		Name of Limit	ted Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please reti	ırn all correspon	ndence concerning this matter t	to the following:	
Name of Person  Firm/Company  6900 Daniels Pkwy 29 #148				
Division of Corporations  iGUi Pools of SWFL 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:  Bruno Roldao  Name of Person  Firm/Company  6900 Daniels Pkwy 29 #148  Address  Fort Myers, Fl 33912  City/State and Zip Code  bruno_lcr@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Bruno Roldao  Name of Person  1239  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array}{cccccccccccccccccccccccccccccccccccc				
			Firm/Company	
		6900 Daniels Pkwy 29 #14		
			Address	
		Fort Myers, Fl 33912		
		bruno_lcr@hotmail.com	Name of Person  Firm/Company  148  Address  City/State and Zip Code  C(to be used for future annual report notification)  call:  239 Area Code  Daytime Telephone Number  \$555.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (certificate of Status Certified Copy)  (additional copy is enclosed)  Certified Copy  Certified Copy	
	Firm/Company  6900 Daniels Pkwy 29 #148  Address  Fort Myers, FI 33912  City/State and Zip Code  bruno_lcr@hotmail.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:	ation)		
For furthe	r information co	oncerning this matter, please ca	JI:	
Bruno Ro				
	Name of	Person	Area Code Daytime T	'elephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00	3 Filing Fee		Certified Copy	Certificate of Status &

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

iGui Pools Of SWFL LLC

(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears of Liability Company)	n our records.)		
The Articles of Organization for this Limited I Florida document number L16000143705	Liability Company	were filed on 07/27	7/2016	and ass	igned
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here	<b>:</b>		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or t	the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		Bruno L. De Calai	s Roldao		
		12537 Gemstone G	Ct		
		Fort Myers, Fl 339	)13		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of	d/or registered o		our records, <u>er</u>	NOV 23 Per STAR	of the new
Name of New Registered Agent:	Bruno L. De Ca	alais Roldao			
New Registered Office Address:	12537 Gemstor		a street address		
	Fort Myers		, Florid	a 33913	
		City	, F10F1G	a 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:

٠.,

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	Bruno Roldao	12537 Gemstone Ct	Add
		Fort Myers, Fl 33913	Remove
			□ Change
P	Bruno L. De Calais Roldao	12537 Gemstone Ct	
		Fort Myers, Fl 33913	_ ☐ Remove
			Change
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an effe	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date in			
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