## L16000193158

(Requ	estor's Name)	
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(City/S	State/Zip/Phone	: #)
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(Busin	ess Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
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Special Instructions to Fili	ing Officer:	
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Office Use Only



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## **COVER LETTER**

Registration Section

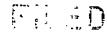
Division of Corporations

TO:

FAMILY PO	OOL CLEANING LLC		•	
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	nitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	NELSON BALALESTERO	os .		
		Name of Person		
	NELPI SERVICES INC			
		Firm/Company		
	2393 SOUTH CONGRESS	S AVE STE 223		
		Address	·	
	PALM SPRING FL 33406			
		City/State and Zip Code	<del> </del>	
	NELSON@NELPISERVIC			
		to be used for future annual report notif	fication	
For further information c	oncerning this matter, please ca	all:		
NELSON BALLESTER	OS	561 2536070		
Name o	f Person	at ()	e Telephone Number	
es i la la distribui	. Calles in a manager			
Enclosed is a check for the			77 Acres 20 (111 - 12	
\$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)	
Mailing Addres		Street Address:		
Registration Section		Registration Section Division of Corporations		
Division of C P.O. Box 632	· ·	The Centre of T	-	
Tallahassee.			e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG 22 PM 3: 38 FAMILY POOL CLEANING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{10/19/2016}{}$ Florida document number 1.16000193158 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FAMILY POOL 360 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address CinvNew Registered Agent's Signature, if changing Registered Agent:

Thereby 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>	<u>Address</u>	Type of Action
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ote: If the date inser ocument's effective d record specifies a del- is filed.		not an effective time	, at 12:01 a.m. on the c		day after the