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SECRETARY OF STATE

MINISTER FIGURE

D. SCOTT DEC 1 2 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SML Pools 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:
Maurice Sester
SML POOLS LLC. Firm/Company
1531 NWITHOL Address
Ft. Lauderdale F1 33311 City/State and Zip Code Maurice Ses ler 19740 gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maurice Sester at (ast) 494-6416 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \sum_{\text{\$30.00 Filing Fee}} \sum_{\text{\$55.00 Filing Fee}} \sum_{\text{\$60.00 Filing Fee}} \sum_{\text{\$60.00 Filing Fee}} \sum_{\text{\$Certified Copy}} \text{\$Certified Copy} \text{\$Certified Copy} \text{\$Certified Copy} \text{\$(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 ORGANIZATION OF

5ML P	ools	LLC.	,	
(Name of the Limited Liability (A Florida)	y Company as it nov Limited Liability Co	v appears on our rempany)	cords.)	
The Articles of Organization for this Limited Liability Co	ompany were filed	ion	16	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability comp	oany here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Compan	y," the designation "	LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	ESS)			
		····		
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 address agent and/or the new registered office address agent and/or the new registered Agent:		ess on our reco	oras, <u>enter the</u>	name of the new
New Registered Office Address:				
New Registered Office Address.	E	nter Florida street ad	ldress	
			. Florida	
	City		2	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performa ent as provided f	nce of my duties or in Chapter 60 I hereby confirm	s, and I am fami 05, F.S. Or, if the that the limited	liar with and his document is diability
	Page 1 of 3			K OH ST PA B E D

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 AMBR	Mame Mourice Sester	Address 1531 NW17 PL FortLanderdale F1 33311	Type of Action
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