116000 220199

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pflofie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500334208995

09/13/19--01018--004 ++80.00

SECRETARIASSECTION OF THE SECRETARIASSECTION

19 SEP 13 AH 8: 42

SEP 2 A SOID

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JE POOL Interior 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:
Norma I. Gonzalez Elias Name of Person
JEE POOL Interior LLC Firm/Company
1211 S. Evergreen Ave
CHUY WATER FL. 33756 City/State and Zip Code TE POOLIN TERIOR @ 9 mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Normal. Gomale? EliuSat (813) 532-6962 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & 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

(Name of the Limited Liability Co. (A Florida Liability Co.)	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number <u>LIGOO 7 20</u> .	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1211 S. Evergreen Ave
(<u>Principal office address MUST BE A STREET ADDRES</u>	ss Clearwater FL 33756
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	1211 S. Evergreen Ave Clearwater FL 33756
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the new is here:
Name of New Registered Agent: North	na I Gomalez Elias
New Registered Office Address: 1211	S. EVERGREE AVE Enter Florida street address
Clea	11Water Florida 33756 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.

f 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 Address Type of Action Norma I. Gonzalez - 1211 S Evergreen DAdd Elias MGR Ave Clarwater FL - Remove 337Slo. MGR Jorge L. Gutierrez- 1211 S. Evergreen Serna nua classicales Ave clearwater FL 33756 □ Add ☐ Remove □ Change □ Add ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
-	
-	
-	
-	
-	
-	
_	
_	
_	
-	
_	
ffecti	ive date, if other than the date of filing: (optional)
lote:	ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
locum	ent's effective date on the Department of State's records.
e red	tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	90th day after the record is filed.
Inted	September 9th 2019.
zateu	SCP (COTOC)
	Signature of a member or authorized representative of a member
	Norma I. Gonzalez Elias Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00