# 117000019866

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## **COVER LETTER**

	stration Sect sion of Corpe			
	AQUABELL	A POOL SERVICE & REPAI	R, LLC	
SUBJECT: _		Name of Limi	ted Liability Company	<del></del>
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	dence concerning this matter t	o the following:	
		JUAN CARLOS VILANO	VA	
			Name of Person	
			Firm/Company	
		4400 NW 79 AVE, UNIT 1	22	
		DORAL., FL 33166	Address	
		CONTACT@AQUABELLA	City/State and Zip Code	
			o be used for future annual report notifi	ication)
For further in	formation cor	ncerning this matter, please co	ill:	
JUAN CARE	.OS VILANC	OVA	786 2120955	
	Name of I	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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 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

AQUABELLA POOL SERVICE & REPAIR, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L17000019866 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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	YANIEL ARZOLA MARTINEZ	9950 SW 11 Ter Miami,Fl 33174	■ Add
			Remove
			Change
			☐ Add
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Filing Fee: \$25.00