47000024994

(Re	equestor's Name)
(Ad	ldress)
(Ad	idress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	
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Office Use Only



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S. WARREN 'JUN 0 1 2017



May 12, 2017

MIGUEL AGUIAN 15507 FULLONY CIRCLE ODESSA, FL 33556

SUBJECT: BLACK DIAMOND POOLS LLC

Ref. Number: L17000026994

We have received your document for BLACK DIAMOND POOLS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ENTITY WAS VOLUNTARILY DISSOLVED 5/4/17. MUST FILE REVOCATION OF DISSOLUTION FORM BEFORE AMENDMENT CAN BE FILED

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 217A00009589

COVER LETTER

Division of Corporations
SUBJECT: Black Diamod Pools LCC 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:
Miguel Aguian Nama Person
Black Diamond Pools LCC
15507 Furlong Cicle
codessa, FL 33556 City/State and Zip Code
E-hail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Miguel Aguida at 33 477-9010 Name of Person Variance Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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 ARTICLES OF ORGANIZATION **OF**

Black Diamond F	logs LC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 8 - 5264813.	were filed on $5 \cdot 2 - 20 \square$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Black Diamond Poo	15 // C
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	odissa, FL 33556
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15507 Fullony Circle odisse, FL 39556
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: — ——————————————————————————————————	rel Aguian
New Registered Office Address: \\5567	Fullory Cycle Enter Ebrida street address
odrsso	City, Florida 3355 6
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agre	ee 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 Re

Page 1 of 3

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Woody Fairdoth	4610 North Himes Ave Tampa FL 33614	
	O	Tampa FL 33614	Remove
			☐ Change
MGR	Michael Acui an	odosa, FL33556	
		odosa, FL 33556	□ Remove
			☐ Change
	•		□ Remove
			□ Change .
•		<u> </u>	□ Add
		·	□ Remove
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ective date, if other than the date of n effective date is listed, the date must be specite: If the date inserted in this block does current's effective date on the Department.	s not meet the applicable statutory filing require	(optional) 90 days after filing.) Pursuant to 605.0207 (3)(b) ements, this date will not be listed as the
	tive date, but not an effective time, at	t 12:01 a.m. on the earlier of:
	rilea.	
The 90th day after the record is f		
The 90th day after the record is f		
the 90th day after the record is f	20P	nber T.C.
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the 90th day after the record is f	20P	FILI FILI FILI FILI FORL HARY SEE
the 90th day after the record is f	e of member or authorized representative of a men	T MAY