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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Black Diamwd 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:
Michael A. Hanson, Esquire Name of Person
Hanson Law Office Firm/Company
2501 N. Orient Rd., Ste.D
Tampa, FL 33619 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael A. Hanson, Esquire at (813) 766-2993 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \\$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 TO ARTICLES OF ORGANIZATION OF

Blac (Name of the Limited	K Diam	and Pools	S, LLC		
(Name of the Country)	Florida Limited L	iability Company)	on our records.		
The Articles of Organization for this Limited Lia Florida document number <u>L170000 QL</u> 9		were filed on M	ay 2,201	7 and assi	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	lity company her	<u>e</u> :		
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company." the des	ignation "LLC" or th	ne abbreviation "L.L	C."
Enter new principal offices address, if applical	ole:			ASS T	
(Principal office address MUST BE A STREET ADDRESS)				- 2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0x)</u>			7+6 AM 7: 90 CARY OF STATE ASSEC FLORIDA	
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>ent</u>	ter the name o	f the new
Name of New Registered Agent:	Michae	I A. Han	SM, ESQU	ïre	
New Registered Office Address:	2501 A	1 A. Hun J. Orient 1 Enter Florid	Rd. Ski	>	
	Tamp	City	, Florida	33619 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.

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 = M $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Leonel Raguma	15507 Furlong Circle	Add
		Odessa, FL 33556	Remove
			Change
Mgr	Miguel Aguiar	15507 Furlong Circle	Add
		Odessa, FL 33556	Remove
			☐ Change
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f an effective date is lis Note: If the date ins	ther than the date of sted, the date must be specified in this block do at date on the Department.	ecific and canno es not meet th	e applicable s	e of filing or more statutory filing t	(option than 90 days after equirements, this	filing.) Pursua	ant to 60: ot be list	5.0207 ted as
ne record specific The 90th day a	es a delayed effe after the record is	ctive date, filed.	but not an	effective tin	ne, at 12:01 a	a.m. on th	e earli	ier o
Dated JUM	ie I	21		. 1				
		DV	my Glu	ulu h	a member			
	Signati	ure of a member	i olgannonzea	representative or	a memor.			

Page 3 of 3

Filing Fee: \$25.00