

L17000132963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

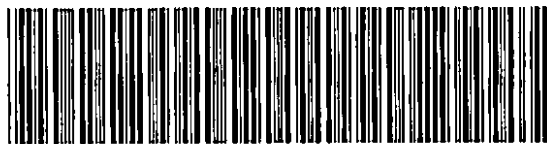
(Business Entity Name)

(Document Number)

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S. PRATHER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** POOLS AND SERVICES HK, 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:

Gianni Scioscia

\_\_\_\_\_  
Name of Person

POOLS AND SERVICES HK, LLC

\_\_\_\_\_  
Firm/Company

6001 N Falls Circle Dr. Unit 212

\_\_\_\_\_  
Address

Lauderhill, FL 33319

\_\_\_\_\_  
City/State and Zip Code

gianni\_scioscia@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gianni Scioscia

954 205-4730  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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**

POOLS AND SERVICES HK, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/19/2017 and assigned  
Florida document number L17000132963.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TRANSLLOGISTIC AND SERVICES HK, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Gianni Scioscia

6001 N Falls Circle Dr. Unit 212

Lauderhill, FL 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Gianni Scioscia

6001 N Falls Circle Dr. Unit 212

Lauderhill, FL 33319

**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

Florida

City

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KAIS, BASSAM	3455 COUNTRYSIDE BLVD.	<input checked="" type="checkbox"/> Add
		Apt 9	<input type="checkbox"/> Remove
		Clearwater, Fl 33761	<input type="checkbox"/> Change
MGR	KAIS, RANSIS	3455 COUNTRYSIDE BLVD.	<input type="checkbox"/> Add
		Apt 9	<input checked="" type="checkbox"/> Remove
		Clearwater, Fl 33761	<input type="checkbox"/> Change
MGR	GIANNI SCIOSCIA	6001 N Falls Circle Dr.	<input checked="" type="checkbox"/> Add
		Unit 212	<input type="checkbox"/> Remove
		Lauderhill, Fl 33319	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

08/06/2018

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

GIANNI SCIOSCIA

Signature of a member or authorized representative of a member

[illegible]