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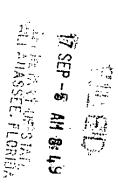
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: O'Neil 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:					
HAROL O. RIVERA					
HAROL O. RIVERA Name of Person O'Neil Pool Concrete Finish LLC Firm/Company					
Firm/Company					
14826 SW 25 LANC					
Address					
MIANI, FL 33185					
HA-333@ HoTmail. Com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
HAROL O. RIVERA at (786) 261.3542 5					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\times \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \$\times \text{Solution} \text{Solution} Filing Fee & Certificate of Status &					

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

O'veil Pools 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 and assigned Florida document number 17000147590 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 "L.L.C." 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:

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 = Ma AMBR = Au	nnager nthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HAROL O. RIVERA	14826 SW 25 LANE MIAMI, FL. 33185	₽ Add
		MIAMI, FL. 33/85	
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			Re move
			Change
			□ Add
			Remove
			Change
			🗖 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E Pr Sed 12 to
8/24/2017
E. Effective date, if other than the date of filing: (optional) (If an effective 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 (3)(b) 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.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 8/24/17
Signature of a member or authorized representative of a member
HARO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00