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DEC 11 2018

COVER LETTER

SUBJECT: URYSTO	11 POOI SERV		10re	UC.
	Name of Limi	ted Liability Company		
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	Natiana	Marante		
		Name of Person		
	Asset a	UPPORT		
		Firm/Company		
	1000 Ban	nboo Ln.		
	•	Address		
	Weston,	FC 3332 City/State and Zip Code Gymail Co o be used for future annual	7	
	\ .	City/State and Zip Code		
	nationa (e gmail. co	nuncet notifi	antion)
			report noun	cation)
For further information conc	erning this matter, please ca	ll:		
Nationa Mo	arante	at (786)	9999	CHO Telephone Number
Name of Pe	rson	Area Code	Daytime	Telephone Number
Enclosed is a check for the fe	ollowing amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

ŤO:

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

CRYGTUL POOL	services and more	, UC.
(<u>Name of the Limited L</u> (A F	ability Company as it now appears on our r lorida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabil Florida document number <u>L4200000 284</u>	ity Company were filed on <u>OV/O</u> 12	4 2018 and assigned
This amendment is submitted to amend the followir	g:	
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 A	DDRESS)	`
		•
		• •
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	• • • • • • • • • • • • • • • • • • • •
B. If amending the registered agent and/or registered agent and/or the new registered office	N. C.	cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	uddress
_	***************************************	_, 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 for removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> Name 1 <u>Address</u> Pena Bortone, Mana Andreima 4181 NW 16TAVE _ 🗆 Add ste 6-1894 Remove (Remove). Boca Ratin, FL 33431 ☐ Change □ Add __□ Remove Change ۍ _□'Remove _□ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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ectiv	re date, if other than the date of filing:
	ctive 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 605.03 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	Decemper 3th 2018
ed_	
ed _	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00