

18000023966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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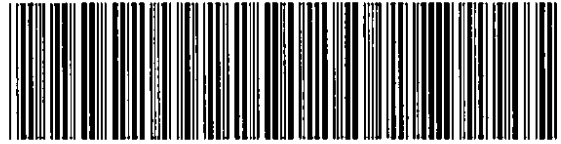
(Business Entity Name)

(Document Number)

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18 AUG 16 AM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
AUG 24 2018

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** Team Aloha pools professional services 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:

ANGELO PHILLIPPE BERMUDEZ

Name of Person

TEAM ALOHA POOLS PROFESSIONAL SERVICES L.L.C

Firm/Company

2501 NE 11TH ST PENT HOUSE 'A'

Address

FORT LAUDERDALE FL 33304

City/State and Zip Code

teamalohapools@gmail.com

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

For further information concerning this matter, please call:

ANGELO BERMUDEZ

954

995-4939

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**

TEAM ALOHA POOLS PROFESSIONAL SERVICES L.L.C

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

**FILED**  
**18 AUG 16 AM 4:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 01/26/2018 and assigned  
Florida document number L 1800 002 3966.

This amendment is submitted to amend the following:

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

TEAM AQUALOHA POOLS PROFESSIONAL SERVICES L.L.C

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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: ANGELO PHILLIPPE BERMUDEZ

New Registered Office Address: 2501 NE 11TH ST PENT HOUSE 'A'

Enter Florida street address

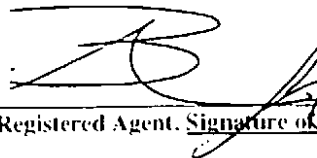
FORT LAUDERDALE, Florida 33304

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	MARTHA BERMUDEZ	2501 NE 11TH ST PH. 'A'	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	MIGUEL BERMUDEZ		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE FLORIDA

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18 AUG 16 AM 4:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(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)

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 08/12/2018

Signature of a member or authorized representative of a member

ANGELLO PHILIPPE BERMUDEZ

Typed or printed name of signee