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		(COVER LETTE	R	
TO:	Registration Section Division of Corporations				
SUBJ	WV Pool Care Solution				
		Name of Limited Liability Company at and fee(s) are submitted for filing. Name of Person Sol Care Solutions LLC Firm/Company Address Address Address City/State and Zip Code r1 288@ hotmail.com E-mail address: (to be used for future annual report notification) this matter, please call: 786 339-2064 at (
The er	nclosed Articles of Amendine	nt and fee(s) are subr	nitted for filing.		
Please	return all correspondence co	ncerning this matter t	to the following:		
	Walter	· Valdivia			
	i		Name of Person		-
	WV P	ool Care Solutions Ll			_
			Firm/Company		_
i 4	36251	La Aires Ct Apt A2			_
		FT 22.162	Address		
١,	Green	acres, FL 33463			
	damphi	r1288@hotmail.com	•		
ļ		E-mail address: (t	o be used for future annual r	report notification)	
For fu	rther information concerning	this matter, please ca	11:		
Walte	Valdivia -			0-2064	
il	Name of Person			Daytime Telephone Number	er
Enclos	ed is a check for the following	g amount:			
■ \$2		00 Filing Fee & rtificate of Status	Certified Copy	Certific Certifie	ate of Status & d
	MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations	Registrati Division o Clifton B 2661 Exe	on Section of Corporations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WV Pool Care Solutions 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 02/19/2018 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WVi General Services 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) 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: Enter Florida street address City 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

f amendi	ng Authorized Pers	 son(s) authorized to n	nanage, <u>enter the title, name, an</u>	d address of each person being add
	ed from our records Manager Authorized Memb			
<u> </u>	<u>Name</u>		Address	Type of Action
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Filing Fee: \$25.00