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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: <u>H</u> R	Pool Repo	ir and Service ited Liability Company	elle
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Harrell	Fuentes Name of Person	
	MR Pool	Repair and Se	enice LLC
	9870 Su	) 23 Ter Address	
	Miami, F	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Harcen Fr.	Dentes f Person	at ( <u>786</u> ) <u>371 –</u> Area Code Daytime	9353 Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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)
MAIL	IVC ANNOTES.	STREET/COURT	ED ANDDERCS

TO:

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

(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L18000043215</u> .	apany were filed on $\frac{9-13-18}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	1 liability company here:
The new name must be distinguishable and contain the words "Limited	Service LLC  Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	red office address on our records, enter the name of the shere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City . Florida Signatura City . Florida . Flor
New Registered Agent's Signature, if changing Registered A	gent:

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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ffective date, if o	ther than the date of	f filing:		(opti	o <b>na</b> l)	
f an effective date is lis	sted, the date must be speci	ific and cannot be pri	or to date of filing or	more than 90 days after	filing.) Pursuant	to 605.020
	serted in this block does a date on the Departmen			ng requirements, un	s date will not t	be fisted as
	es a delayed effect	tive date, but r	not an effective	time, at 12:01	a.m. on the	earlier o
ne record specifi	after the record is f					
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The 90th day a	Mires	· Far	dis .	re of a member		

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Filing Fee: \$25.00