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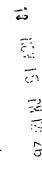
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COVER LETTER

BUECT: Chrystal Pools LLC	
Name of Limited Liability Company	
e enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Alfredo Lopez Probance	
Chrystal Pools LLC	
Firm/Company	
838 Carpenter St. E.	
Lehigh Acres, FL 33974	
Lehigh Acres, FL 33974 City/State and Zip Code Chrystalpools II (agmail. com	
E-mail address: (to be used for future annual report notification)	
r further information concerning this matter, please call:	
Alfredo Lope z Probance at (305) 244-0563 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
closed is a check for the following amount:	
\$25.00 Filing Fee Sadditional copy is enclosed Sadditional Copy Sadditional Cop	

TO:

Registration Section Division of Corporations

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

Chrystal Pools L	_L C	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L1800}0093573$	were filed on 4/13/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		ec
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
		35-
		- iù -
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> <u>e</u> :	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Floridu street address	
	. 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Alfredo Lopez Probance	838 Carpenter St. E. Lehigh Acres, FL 33974	DX Add
			Remove
			Change
AMBR	Alfredo Lopez Probance	838 Carpenter St. E. Lehigh Acres, FL 33974	Add
			Remove
			Change
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			Change

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fective date, if other than the date of filing:	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 me applicable statutory filing requirements, this date will not be listed records.
record specifies a delayed effective date, The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier
November 12 2	91,8
10d November 13 2	

Page 3 of 3

Filing Fee: \$25.00