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(Re	questor's Name)	
(Ad	dress)	
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# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Pacls + Pa	tics Finishes	LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Yanı	O Alfonso Name of Person	<del></del>
		Patros Finishe	es, LCC
	7620 Wi	estwood Dnu Address	re apt 216
	Fort Laude	rdule, FC 3332 City/State and Zip Code	
	E-mail address: (0	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Vanio Al	Fonso	at ( <u>954)</u> 678 Area Code Daytime	-7102
Name of	Person 1	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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)

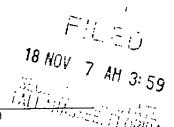
MAILING ADDRESS:

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



Pools + Patios Finishes, LC

(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 \_\_\_\_\_\_OU[16 | 2018] and assigned Florida document number <u>L</u> 186000 944 68 This amendment is submitted to amend the following: 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 "LLC." 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

## 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 Type of Action <u>Address</u> Title Name 1 7620 Westwood Drive Apt 216 Tamarac, FC 33321 Ana Salamanca ☐ Remove ☐ Change □ Add □ Remove Change ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove □ Change ☐ Add ☐ Remove □ Change

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	date must be specific a n this block does not	nd cannot be prior to c meet the applicable		(optional) ) days after filing.) Pursuant tements, this date will not be	
	elayed effective	date, but not a	n effective time, at	12:01 a.m. on the e	arlier (
ed	111	2018			
10000	1000/0011	AC	ed representative of a mem		

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Typed or printed name of signee

Filing Fee: \$25.00