L18000105888

(Re	questor's Name)
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(Cit	ry/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
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(Do	cument Number	7)
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COVER LETTER

	Registration S Division of Co			
SUBJEC'		E POOL SERVICES LLC		
SUBJEC	1 ·	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		EDUARDO GONZALEZ		
			Name of Person	
		ADVANCE POOL SERV	ICES LLC	
		 	Firm/Company	
		17284 41ST ROAD NOR	ГН	
			Address	
		LOXAHATCHEE, FL 33	430	
		-	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further	information c	oncerning this matter, please c	all:	
EDUARD	O GONZALE	Z.	561 248-5329	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is	s a check for th	ne 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)
R D	<u>failing Addres</u> egistration S ivision of C	Section orporations	Street Address: Registration S Division of Co	orporations
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARTICIPATION OF STREET RE

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ADVANCE POOL SERVICES 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 Florida document number L18000105888	were filed on 04/26/2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

THE NUMBER OF THE PARTY OF THE MGR = Manager AMBR = Authorized Member 21 APR 19 AMII: 25 Title Name Address **Type of Action** MGR VICTOR GONZALEZ 17284 41ST RD NORTH LOXAHATCHEE,FL 33470 ______ □Remove ______ Change ____ _ _ _ _ Change _____ □Remove

_____ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary)
	21 APR 19 AM II: 25
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~	
. Effective	date, if other than the date of filing: (optional)
(If an effective Note: If the	re 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)(but date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	Assis 1-
Dated	April 15 2021
	Signature of a member or authorized representative of a member
	COVARDO GONZACE Z Typed or printed name of signee
	courred for the c