L18000128403

(Re	questor's Name)	
(Ad	dress)	· -
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL.
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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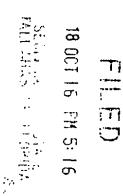
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COVER LETTER

JOB JERE	MIAS POOL LLC		
SODVECT.	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Jŧ	EREMIAS E. US - LUX	
		Name of Person	
	JOI	3 JEREMIAS POOL LLC	
		Firm/Company	·
	519 V	AN BUREN STAPTE	
		Address	
	FO	RT MYERS FL, 33916	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notific	cation)
For further information cor	neerning this matter, please ca	It:	
JEREMIAS E US- LUX		239 400 9634	
Name of I	² erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	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

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

TOR TEREMIAS POOL LLC

(Name of the Lim	ted Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number 1.18000128403	- , -	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name o</u>	of the limited liability company here:	
he 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 appli	cable:	<u> </u>
Principal office address MUST BE A STRE.	ET ADDRESS)	
		-, O [
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
		· > 0
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		cords, <u>enter the name of the</u>
New Registered Office Address:	Enter Florida street a	nddress
	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

·

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JEREMIAS ESTUARDO US LUX	519 VANBUREN ST UNIT E	
		FORT MYERSFL, 33916	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Refflore F
			O Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			
			□ Remove
			Change

AS IT SHOULD BE: JEREMIAS ESTUARDO US LUX TO
In the 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. Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
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10/08/2018 Tective date, if other than the date of filing: an effective 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 605.0 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
and the control of th
ocument's effective date on the Department of State's records.
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied. The 90th day after the record is filed.
OCTOBER 8 2018
A D
Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00