## 118000137010

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SECRETARY OF STATE

AUG () 5 2018

## COVER LETTER

' Div	ision of Cor	porations		
SUBJECT:		E POOLS, LLC		
SOBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		AMIR CICEKLIC		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		LIFESTYLE POOLS, LLC		
			Firm/Company	
		2245 N MCMULLEN BO	OTH RD	
			Address	
		CLEARWATER, FL 3375	3	
			City/State and Zip Code	
		MLPOOLS@YAHOO.CO	M to be used for future annual report noti	(Faction)
r e a a ·	at it is			neatthi
For Juriner II	пюгтанов с	concerning this matter, please co		
AMIR CICI	EKLIC		727 741-3288 at ()	
-	Name o	if Person	at ()	e Telephone Number
Enclosed is	a check for th	he following amount:		
■ \$25.00 F	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)
		ING ADDRESS: ration Section	STREET/COUR Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations Clirton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIFESTYLE POOLS, LLC		
(Name of the Limited Li (A F)	iability Company as it now appears on our record- lorida Limited Liability Company)	<u></u> )
The Articles of Organization for this Limited Liabili	ity Company were filed on 06/01/2018	and assigned
Florida document number L18000137010		是是一个
This amendment is submitted to amend the followin		
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	TILED RISK
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L. "
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<u>.                                    </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	1*1	i.d.s
<del>-</del>	, FIG	orida 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, <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>	<u>Address</u>	Type of Action
MGR	AMIR CICEKLIC	2245 N MCMULLEN BOOTH RI	D ■ Add
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			☐ Change
			ار من من المنظمة
			Remarke See - H
			Remave  See O Change
			PRemove
			☐ Change
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			<u>.</u>		
Tective date, if other than th	e date of filing	<b>:</b>		(opt	tional)
<b>fective date, if other than th</b> in effective date is listed, the date mote: If the date inserted in this b	st be specific and lock does not m	cannot be prior to	o date of filing or mode statutory filing	ore than 90 days after requirements, the	er tiling.) Pursuant to 605.0. iis date will not be listed
cument's effective date on the I					
record specifies a delaye The 90th day after the re		ate, but not	an effective t	ime, at 12:01	a.m. on the earlier
The same day areas and re					
ited		2018	•		
		///	_		
	Simulation of the	Le-le-	ized-representative	C.a. maranhar	<del></del>
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Page 3 of 3

Filing Fee: \$25.00