118000169021

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COVER LETTER

TO:		istration Sec sion of Corp				
SUBJE	CT.	CALTA'S C	LEAR POOLS LLC			
SUBJE	(, I :		Name of Lim	ited Liability Company		
			Amendment and fee(s) are sub ndence concerning this matter			
			TAYLOR A CALTA			
				Name of Person		
			CALTA'S CLEAR POOL	SLLC		
	Firm/Company					
27030 BENTLEY WAY, UNIT 202						
				Address		
			WESLEY CHAPEL, FL	33544		
			CALTATAYLOR01@GM	City/State and Zip Code AIL.COM	<u>.</u>	
			-	to be used for future annual report no	otification)	
For furt	her ir	oformation co	oncerning this matter, please c	all:	Ä	2016 2016
MARK	A BE	ELLUSO, JF	₹	813 788-4723		AUG
		Name of	Person		me Telephone Number	
Enclose	d is a	check for th	e following amount:		LORIE	
\$25	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy (additional copy is	status &

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

CALTA'S CLEAR POOLS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000169021		
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:	27030 BENTLEY WAY	
(Principal office address MUST BE A STREET ADDRESS)	UNIT 202	
	WESLEY CHAPEL, FL 33544	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, enter the name of the nev	
* *		
New Registered Office Address:	Enter Florida street address Florida City Florida	
New Registered Agent's Signature, if changing Registered Agent:		

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 = Ma $AMBR = Au$	mager (thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
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ective date, if other than the date of filing:	(optiona	i)
te: If the date inserted in this block does not meet the ap	plicable statutory filing requirements, this da	
ument's effective date on the Department of State's reco	rds.	
record specifies a delayed effective date, but he 90th day after the record is filed.	not an effective time, at 12:01 a.m	. on the earlie
the sould day after the record is filed.		
08/04 2018		
ed	·	
1 May		
Signature of a member or		

Page 3 of 3

Filing Fee: \$25.00