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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTH FLORIDA LOADERS, LLC.

| Certificate of Status | 1       |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SOUTH FLORIDA LOADERS, LLC.   |  |  |  |  |  |
|---|--|--|--|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited L  | ny as it now appears on our records.)<br>Jability Company)       |  |  |  |  |
| The-Articles of Organization for this Limited Liability Company Florida document number                                 | were filed on 07/16/2018 and assigned                            |  |  |  |  |
| This amendment is submitted to amend the following:   |  |  |  |  |  |
| A. If amending name, enter the new name of the limited liab   | ility company bere:  |  |  |  |  |
| ADVANCED POOLS & SPA, LLC.  |  |  |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "LLC" or the abbreviation "L.L.C." |  |  |  |  |
| Enter new principal offices address, if applicable:   | 6355 INDIAN WELLS BLVD   |  |  |  |  |
| Principal office address MUST BE A STREET ADDRESS)  | BOYNTON BEACH, FL 33437  |  |  |  |  |
| Enter new mailing address, if applicable:   | PO BOX 742723  |  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | BOYNTON BBACH, FL 33474  |  |  |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | ffice address on our records, enter the name-of-the              |  |  |  |  |
|   |  |  |  |  |  |
| Name of New Registered Agent:   | = 2  |  |  |  |  |
| 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 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

| <u>Title</u> | <u>Name</u>    | Address                 | Type of Action |
|--------------|----------------|-------------------------|----------------|
| MGR          | MARCELO M·LIMA | PO BOX 742723           | Add            |
|              |                | BOYNTON BEACH, FL 33474 | ☐ Remove       |
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|                                  | ective date, if other than the date of filin   | 04/22/2019<br>g:                        |   | (optional)   | )                                  |                |
| E. Ess                           | offective date is listed, the date must be specific and tay. If the date inserted in this block does not r       | l cannot be prior t<br>neet the applica | o date of filing or more<br>ble statutory filing re | than 90 days after filing<br>quirements, this date | ;) Pursuant to 6<br>will not be li | 505.0<br>isted |
| (If an                           |  | State's percente                        |   |  |                                    | •              |
| (If an<br><u>No</u>              | cument's effective date on the Department of S   | imie a (CCOIM).                         |   |  |                                    |                |
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