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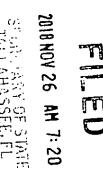
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DEC - 1 2018

COVER LETTER

Divi	sion of Corp	orations			
SUBJECT:	BLUE SPAF	RKLE POOLS LLC			
SOBJECT.		Name of Lim	ited Liability Company		 -
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		EUNICE VELOZ			
			Name of Person		
		HISPANO AMERICAN A	ACCOUNTING SERVICES	S LLC	
			Firm/Company		
		399 BROADWAY			
		<u></u>	Address		
		BAYONNE, NJ 07002			
		LENINF0979@AOL.COM	City/State and Zip Code		
		E-mail address: ()	to be used for future annual re	port notification)	_
For further in	formation co	neerning this matter, please ca	all;		
LENIN R.FF	ERNANDEZ		917 385- at ()	9830	
	Name of	Person	Area Code	Daytime Telephone Nun	ıber
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certif (sed) Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FILED

2018 NOV 26 AM 7: 20

BLUE SPARKLE POOLS LLC

(Name of the Limited	A Florida Limited	nny as it now appears on our re Liability Company)	COTOS. TALLAHASSEE, FL
The Articles of Organization for this Limited Lia Florida document number L18000239458			_
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liah	oility company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	4920 NW 115TH WAY	
(Principal office address MUST BE A STREET		CORAL SPRINGS FL 330	076
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	r registered o	<u>e</u> :	
New Registered Office Address:	4920 NW 1157	H WAY Enter Florida street ad	dress
	CORAL SPRIN		Florida 33076
		City	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe heing filed to merely reflect a change in the rescompany has been notified in writing of this ch	and complete ered agent as p gistered office lange.	performance of my duties provided for in Chapter 61	, and I am familiar with and 95, F.S. Or, if this document is that the limited liability

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
			
		Remove	
			Change
			Add
		Remove	
			Change
			Remove
			Change
		<u> </u>	
		Remove	
		Change	
			□ Remove
			Change
			Remove
			□ Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	cetive 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) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the int's effective date on the Department of State's records.
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated _	NOVEMBER 05 2018
	Signature of a member or authorized representative of a member
	LENIN R.FERNANDEZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00