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SECRETARY OF STATE
FALL AMASSEE, FLORIDA

APR 17 2019 TECHROEDER

. COVER LETTER

TO: Registration So Division of Cor			
Aquazul Pe	ools LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Domingo/Sheila Castro		
	Aquazul Pools LLC	Name of Person	_
		Firm/Company	
	P.O. Box 551216		
		Address	 -
	Davie FL 33355		
	aquazutp@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co		
Domingo Castro		954 662-6655	
Name o	nf Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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)
Maii	ING ADDRESS:	STREET/COURH	ER ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aquazul Pools LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{11/27/2018}{\text{Elorida document number}}$		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Lumited Lia	ability Company," the designation "1.1	.C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	7AS 1
		∑2.2 > 2.2
		AAS
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		S S
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		rds, enter the name of the no
registered agent and/or the new registered office address in	icie.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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, <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
AMBR	Domingo Castro	1500 SW 110th way Davie FL 33324	
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ective date, if other than the	dute of filing:		1	optional)		
reflective date is listed, the date mus	be specific and cannot be	prior to date of filin	g or more than 90 days	after filing.) Purs	uant to 6	05,020
te: If the date inserted in this blo cument's effective date on the Do			tiling requirement	s, anis date wai r	10t pc 11	isted ii:
record specifies a delayed The 90th day after the rec		not an effect	ive time, at 12:	01 a.m. on t	he ear	lier o
April 10	2019					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00