L18000286251

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Cir	ty/State/Zip/Phone #	<u> </u>
(5)	ty/Otate/2.p// Hone /	•
PICK-UP	MAIT	MAIL
(BL	usiness Entity Name	e)
(Dc	ocument Number)	
(,	
0.65.10	0.10	-£ C\
Certified Copies	_ Centificates of	or Status
Special Instructions to	Filing Officer:	

Office Use Only



600388609086

06/02/22--01024--004 *+50.80

SEUNE DANY OF STATE
TALL AHASSEF, FL

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
SUBJECT:	SAZONET			
SOBJECT:			ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		ALEXANDRA LOZANO		
			Name of Person	
			Firm/Company	
		8305 W ATLANTIC BLV	D	
			Address	
		CORAL SPRINGS, FL 33		
		maxi8317@aol.com	City/State and Zip Code	
		-	to be used for future annual report noti	fication)
For further in	nformation c	oncerning this matter, please co	all:	
ORIANA BI	ENET		954 274-5230 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
	lling Addres		Street Address: Registration Sec	ction
Div	rision of C	orporations	Division of Cor	porations
P.C). Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SAZONET LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A r)	iorida Limited Liability Company)	TALL AHASSEE, FL and assigned
The Articles of Organization for this Limited Liabili	ty Company were filed on $\frac{12/10/201}{1}$	8 and assigned
Florida document number 1.18000286251		
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
BENET POOLS, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	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 regist agent and/or the new registered office address he		, enter the name of the new register
and the second s	<u></u> .	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	et address
		Florida

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

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 addedor removed from our records:

MGR = 'Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			Remove
			□ Change

					1.			<u></u>	<u> </u>	-
							<u>-</u> .		_	_
	 -		.					_		-
	<u></u> .									_
	· <u>-</u>	<u>-</u> .								_
										_
										_
			···	 .						_
		_						 -		_
			<u> </u>						<u>~</u>	_
								<u> </u>	2022 J	
		_						شة سا ية حد	JUN -	ي و م ديد ت معددهم _
								HAS:	2 1	LA.
					-			mari Mari	AH 10: 04	O
•									101	-
										-
										-
ffantiva da	to if other	than the date	of filing.				(4i.o.	15		
an effective d tote: If the	late is listed, th date inserted	in the back in this block do on the Departn	ecific and c ses not me	annot be prior	able statutor	g or more than y filing requir	(option 90 days after fi ements, this o	ling.) Pursu	ant to 60: ot be list	5.0207 ted as t
record speci is filed.	ifies a delaye	d effective date	, but not a	n effective ti	me, at 12:01	a.m. on the e	arlier of: (b)	The 90th	day afte	er the
atedf	May	25	·	<u> 2</u> 022	·					
		<u>Oriana</u> Signat	Ber ure of a mo	net	orized represen	ntative of a mer	nber	_		
						Or a tile!				

EU E CAFA