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Amendich

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COVER LETTER

TO:	Registration Se Division of Cor			
		atica Pool Service, LLC		
SUBJ	r.C1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
Please	return all correspo	ndence concerning this matter	to the following:	
		Michael O Rosado Vargas		
		Plaza Aquatica Pool Servic	Name of Person se, LLC	
			199	
		3761 Prairie Fox Lane AP	Firm/Company T 5	
		Orlando, FI	Address	
		michaelrosadov@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	eation)
For fu	rther information c	oncerning this matter, please co	all:	
Micha	ael O Rosado Var	gas	407 592-2022	
_	Name o	r Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	25,00 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)

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**

10 0 0 1 5 C

Plaza Aquatica Pool Service, LLC

(A Florida Limited 1	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000076921</u> .	were filed on 03/19/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3761 Prairie Fox Lane APT 5
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FI 32812
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr	

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. Thereby 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Р	Michael O Rosado Vargas	3761 Prairie Fox Lane APT 5 Orlando Fl 32812	
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Remove
			☐ Change
			□ Remove
			Change
		☐ Remove	
			□ Change
			☐ Remove
			☐ Change

	
Effective of	te, if other than the date of filing: (optional) ate 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 (
Note: If th	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t flective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
. 07/0	/2019
Dated	
•	Signature of a member or authorized representative of a member
	Casidona L

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00