1190000 91867

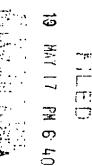
(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/:	State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	_

Office Use Only



000329283350

U5/17/19--U1018--B17 **55.00



O SIMMONS

JUN 0 4 2019

COVER LETTER

TO:		tration Se on of Cor	ction porations	•	
SUBJE	C	RYSTA	AL POOLS LLC		
			Name of Lim	ited Liability Company	
The end	closed A	rticles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return al	l correspo	ndence concerning this matter	to the following:	
			Cheyenne Moseley		
				Name of Person	
			Legalzoom.com, Inc.		
				Firm/Company	
			101 N. Brand Bivd., 11t	h Floor	
				Address	
			Glendale, CA 91203		
				City/State and Zip Code	***************************************
			crystalpoolsfl@gmail.coi		·
				to be used for future annual report noti	fication)
For furt	ther info	rmation co	oncerning this matter, please ca	all:	
Cheye	nne Mo	seley		800 773-0888 e	xt. 9724
		Name of	Person	Area Code Daytim	e Telephone Number
Enclose	ed is a ch	neck for th	e following amount:		
Ş ∕ \$ 25	5.00 Filir	ng Fec	☐ \$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:

TO:

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**

ears on our records.)
04/03/2019 and assigned
here:
he designation "LLC" or the abbreviation "L.L.C."
7 (7)
2 H
5 5
on our records, enter the name of the new
lorida street address
, Florida
Zip Code

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manage	r or
Authorized Member being added or removed from our records:	

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jaqueline Mattos	1552 Cades Bay Ave. Unit 5003	Z Add
		Jupiter, Florida 33458	☐ Remove
			Remove
 -			Add
			₹ Q2 Remove
			<u></u>
			□ Remove
			
			□ Add
			☐ Remove
			
			Add
			□ Remove

	information, enter change(s) here: (Attach additional sh	neets, if necessarv.)

. Effective date, if other t	han the date of filing:	(optional)
the date this document is filed	by the Florida Department of State)	man 90 days after
Dated 5/11/19		
	,	
///		
/ <i>M</i>	~~	
	Signature of a member or authorized representative of a me	ember
	Leandro Mattos	ember 🙄 🚡 😇
	Leandro Mattos	
	Leandro Mattos	5 5 5 TH
	Leandro Mattos	

Page 3 of 3

Filing Fee: \$25.00