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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

JC PRO M	AINTENANCE 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:	
	JUAN CRUZ-MARTINEZ	Z	
		Name of Person	
		Firm/Company	
	2306 48th AVE W		
		Address	
	BRADENTON, FL 34207		
		City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	concerning this matter, please e	all:	
		941 518-8519 at ()	
Name o	r Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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 Addres Registration		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632	=	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Figure

JC PRO MAINTENANCE LLC

company has been notified in writing of this change.

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(Name of the Limited Liability C (A Florida Li	Company as it now appears on	our records.)	
(X) FOUNDE	maca binomy company)	TALLA MASSEE, FL	
The Articles of Organization for this Limited Liability Com-	pany were filed on $\frac{05/137}{1}$	2019 and assigned	
Florida document number L19000128285			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
CROSS POOLS LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	SS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u>.</u>	
		•	
B. If amending the registered agent and/or registered o	ffice address on our reco	rds, enter the name of the new registe	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida :	street address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered A	agent:		
I hereby accept the appointment as registered agent and	d agree to act in this can	acity. I firther agree to comply with	
provisions of all statutes relative to the proper and com	plete 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
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			□Remove
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ective date, if other than the defective date is listed, the date must be at: If the date inserted in this block ument's effective date on the Dep	e specific and cannot k does not meet the	applicable stat	f filing or more than actory filing requi	(optional 190 days after filing rements, this date	j.) Pursuant to 605.020
cord specifies a delayed effective of sfiled.	late, but not an effe	ctive time, at 1	2:01 a.m. on the	earlier of: (b) T	he 90th day after the
ed MARCH 31	. 2022	<u>.                                    </u>			
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