11900 139 210

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100335291151

10/17/19--01010--026 +*30.00

NOV 0 5 2019 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor			•
61:1541	All In R Ho			
SUBJI	ECT:	Name of Limi	ited Liability Company	
			,	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Hooshang Rahmani		
			Name of Person	
		Actors Blue Pe	d Services LLC	
		13409 Falcon Pointe Drive		
		Orlando Florida 3237	Address	
		hrahmani@aol.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report no	otification)
For fu	rther information c	oncerning this matter, please ca	all:	
Hoosh	nang Rahmani		407 414-999 at ()	
	Name o	f Person	at () Area Code Dayt	ime 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, F1, 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

All In R Homes Limited liability company (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/23/2019 Florida document number ______L19000139270 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ARTO's BLUE POOL Services Limited Liability company The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Hooshang Rahmani Name of New Registered Agent: 13409 Falcon Pointe Drive New Registered Office Address: Enter Florida street address Orlando City

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Parviz Rahmani		Add
		13409 Falcon Pointe Drive Orlandのできたころである。	_ ■ Remove
			Change
MGR	Hooshang Rahmani	13409 Falcon Pointe Drive Orlando Fl 32837	B Add
			☐ Remove
			Change
			☐ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change

		<u> </u>	
	ىمىي		
	· · · · · · · · · · · · · · · · · · ·		
			
<u>.</u>			
			
_			
ctive date, if other than the date of filing	:	(0	ptional)
effective date is listed, the date must be specific and of if the date inserted in this block does not me	cannot be prior to date of	filing or more than 90 days a	after filing.) Pursuant to 605,02
ment's effective date on the Department of St		nory ming requirements,	This date with the between
ecord specifies a delayed effective da le 90th day after the record is filed.	ate, but not an ef	fective time, at 12:0	1 a.m. on the earlier
d October 14	2019		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00