L19000 168 342

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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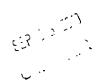




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COVER LETTER

| Division of Corporations | | | | |
|----------------------------|---|--|--|-------------|
| SUBJECT: | leco Paols L Name of Lim | L C | · · · · · · · · · · · · · · · · · · · | SER SER |
| | Name of Lini | пец глаонну Сотрану | `*; | |
| | | | | Sales Sales |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | Jacob | Ciarlla | | *#* |
| | | Name of Person | | |
| | Dlace C | | | |
| | 115CO X | Firm/Company | | |
| | | | | |
| | 2360 N | Address | 4 | |
| | | Address | (| |
| | Delvay | Beach, FL 33 | 5483 | |
| | | City/State and Zip Code | _ | |
| | Jacob. | Pleach, FL 33 City/State and Zip Code Pleach Peols @ g Ma to be used for future annual report not | tification) | |
| For Contract Contract | | | incatony | |
| For further information co | oncerning this matter, please ca | att: | | |
| Jacob | Cipolla | at (<u>56)</u>) <u>323</u> Area Code Daytin | 3 1816 | |
| Name of | Person | Area Code Daytir | ne Telephone Number | _ |
| Enclosed is a check for th | e 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 F Certificate of S Certified Copy | Status & |
| | | | (additional copy is | s enclosed) |

MAILING ADDRESS:

Registration Section

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

| Pleco Pools | LLC | On the |
|--|---|-------------------------|
| (Name of the Limited Li (A F) | ability Company as it now appears on our records.) orida Limited Liability Company) | 6 |
| The Articles of Organization for this Limited Liabili | ty Company were filed on $\frac{06 26 2010}{}$ | and assigned |
| Florida document number <u>L 19000168342</u> | · | |
| This amendment is submitted to amend the following | g: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and contain the words | Limited Liability Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AL | ODRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX |) | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office a | egistered office address on our records, entaddress here: | er the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| <u></u> | , Florida | |
| | City | Zip Code |

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 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> | <u>Address</u> | Type of Action |
|--------------|--------------|--------------------------|----------------|
| AMBR | John Cipolla | 1505 N. Riverside Dr. #1 | 10810/Add |
| | | Pempano Beh, FL 33062 | Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
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| • | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| lf an eff <u>Note:</u> | ive date, if other than the date of filing: |
| e red The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated | Avgvst 3) 2019. |
| | Signature of a member or authorized representative of a member |
| | |

Page 3 of 3

Filing Fee: \$25.00