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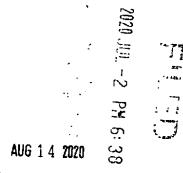
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Office Use Only



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S. YOUNG

COVER LETTER

| TO: Registration Sc Division of Cor | | r | |
|-----------------------------------------|----------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| CRYSTAL SUBJECT: | POOL & CARE, LLC | | |
| SCDJECT: | | 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: | |
| | ANTONIO PINTO ROSA | RIO | |
| | | Name of Person | |
| | | Firm Company | |
| | | Address | |
| | | City/State and Zip Code | |
| | | to be used for future annual report no | offication) |
| ANTONIO PINTO ROS | oncerning this matter, please c | all: 407 223-8338 | |
| | r Person | at { | me Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ S25.00 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) |
| <u>Mailing Addres</u> Registration ! | | <u>Street Address:</u> Registration S | ection |
| Division of Corporations | | Division of Co | |
| P.O. Box 632 | 27 | The Centre of | Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRYSTAL POOL & CARE LLC

(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 Florida document number $\frac{L19000175861}{L19000175861}$. | were med on | and assigned |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------|
| Piorida document number | | |
| This amendment is submitted to amend the following: | | 2 |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | ρ. 6: ω |
| The new name must be distinguishable and comain the words "Limited Liabil | lity Company," the designation "LLC" | or the abbreviation "L.T.C." |
| Enter new principal offices address, if applicable: | 13538 VILLAGE PARK DR # | 115A |
| (Principal office address MUST BE A STREET ADDRESS) | ORLANDO, FL 32837 | |
| | - | |
| | | |
| Enter new mailing address, if applicable: | | |
| | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 3028 PARKWAY BLVD #312 | |
| (Mailing address MAY BE A POST OFFICE BON) | 3028 PARKWAY BLVD #312 KISSIMMEE, FL 34747 | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | KISSIMMEE, FL 34747 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | KISSIMMEE, FL 34747 address on our records, enter | the name of the new registered |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | KISSIMMEE, FL 34747 | the name of the new registered |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | KISSIMMEE, FL 34747 address on our records, enter Enter Florida street address , Flo | the name of the new registered |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | KISSIMMEE, FL 34747 address on our records, enter Enter Florida street address Chy | the name of the new registered |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | KISSIMMEE, FL 34747 address on our records, enter Enter Florida street address City | the name of the new registered c Prida Zip Code |

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 | YASEL ALFONSO GONZALEZ | 1521 HERRING LN | Add |
| | | CLERMONT FL 34714 | |
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| ffective date, if other than an effective date is listed, the date | the date of filing: | o date of filing or more than 90 da | , (optional) lys after filing.) Pursuant to 605,020 ⁻ |
| <u>lote:</u> If the date inserted in thi | s block does not meet the applical | sle statutory filing requiremen | nts, this date will not be listed as |
| ocument's effective date on th | e Department of State's records | | |
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| l is filed. | | | |
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| lated | | -· `) | |
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| | Ruton Lut | r hosawo ized representative of a member | |
| (| Signature of a member or author | ized representative of a member | |
| ANTONIO PINTO | ROSARIO | | |
| | | | |
| | 1 Vise, List Brinton | I name of signee | |