L19000176063

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SURJECT: Aqua	marine Poc	1 Service, LL	C			
- 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13	Name of Limi	ited Liability Company				
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.				
Please return all correspond	lence concerning this matter	to the following:				
	En	a Olivera Name of Person				
	Aguamari	ne Pool Service	e, UC			
		Firm/Company				
14000 N.W. 18 Street						
	^	Address				
	Pembo.	Ke Pines, Ho City/State and Zip Code Vera 23 D gma	33028			
	11	City/State and Zip Code	` ,			
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For further information cor	icerning this matter, please of	ali:				
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Name of F			- Da55 elephone Number			
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Enclosed is a check for the	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 Address: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on July 8, 2019 Florida document number _____L19000176063 This amendment is submitted to amend the following: 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 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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	Jose Rodriquez	Pembroke Pines, F13	□ Add
		Pembroke Pines, F13	Kemove
		<u></u>	□ Change
		- · · · · · · · · · · · · · · · · · · ·	□ Add
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46R	Ronnje Smith	8053 N.W. 191 St	
		Miami, FL 33015	,,
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Note:	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date when seffective date on the Department of State's records.	Pursuant to 605.02 ill not be listed	(07 as 1
e reco rd is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The led.	90th day after th	ne
Dated	12-01-2020		
	En Tu		
	Signature of a member or authorized representative of a member Ena Olivera		

Filing Fee: \$25.00