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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000060 Phone

: (407)674-8969

Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 7 POOLS SUPPLIES LLC

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
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15.



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 7 POOLS SUPPLIES LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 10/10/2019 and assigned Florida document number: L19000254998

## Article I

| T   | formending name antouthe name some of the limited liability company house   |
|-----|---|
| . 1 | f amending name, enter the new name of the limited liability company here:  |
| 7   | he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."                                   |
|     | Article II  |
|     | 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)  |
|     | Article IV  |
|     | 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: |
| me  | of New Registered Agent:  |
| _   | Registered Office 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

Address Type of Action

MBR COUTINHO DE OLIVEIRA, LEONARDO 7725 CROSSROAD #4415 REMOVE 

ORLANDO, FL 32819 ADD

C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

## D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: 01-11- , 2021

Signature of a member or authorized representative of a member

Leonardo Coutinho de Oliveira

Typed or printed name of signee

JAW 12 PM 5: 10