

h20000000527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

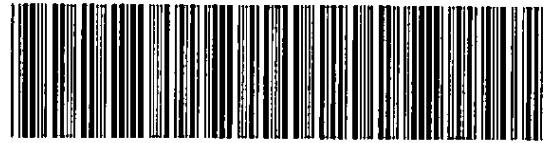
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 AUG - 1 AM 9:12

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIROMAR POOLS AND SPA SERVICES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAIBYS VILLALOBOS

Name of Person

E&V POOLS & CLEANING SERVICES LLC

Firm/Company

10760 CROSSBACK LN

Address

LEHIGH ACRES, FL 33936

City/State and Zip Code

POOLSANDCLEANING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAIBYS VILLALOBOS 321 3309466
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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, 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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 AUG -1 AM 9:13

MIROMAR POOLS AND SPA SERVICES, 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 were filed on 12/18/2019 and assigned
Florida document number L20000000527.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

E&V POOLS & CLEANING SERVICES LLC

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:

LAIBYS VILLALOBOS

New Registered Office Address:

Enter Florida street address

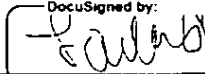
Florida

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.

DocuSigned by:


If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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[Remove](#)

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OFFICE OF CORPORATIONS
2022 AUG - 1 AM 9:13

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated _____

- DocuSigned by:

DocuSigned by:
[Signature]

Signature of a member or authorized representative of a member

Typed or printed name of signee

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Description	Receipt Confirmation	
	Amount	
	\$538.75	
Total Amount Paid	\$538.75	

Customer Information

Customer Name	LAIBYS E V RODRIGUEZ	Receipt Date	7/29/2022
Local Reference ID	7564989078CC L20000000527	Receipt Time	12:45:31 PM EDT

Payment Information

Payment Type	Credit Card	Credit Card Number	*****1955
Credit Card Type	VISA	Order ID	16469908

Billing Information

Billing Address	10760 CROSSBACK LN	Phone Number	3213309466
Billing City, State	LEHIGH ACRES, FL	This receipt has been emailed to the address below.	
ZIP/Postal Code	33936	Email Address	LAIBYSE@GMAIL.COM
Country	US		