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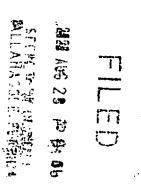
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COVER LETTER

Divisio	n of Corp	orations			
	SA & CAI	RIBBEAN POOLS LLC		•	
Name of Limited Liability Company					
The enclosed Ar	ticles of A	amendment and fee(s) are sub-	nitted for filing.		
Please return all	correspor	dence concerning this matter	to the following:		
		RUBEN TORO			
			Name of Person		
		RUBEN TORO P.A			
			Firm/Company	<u> </u>	
		7901 KINGSPOINTE PKV	VY STE 31		
			Address		
		ORLANDO, FLORIDA 3	2819		
			City/State and Zip Code		
		accounting@rubentorocpa.c	om o be used for future annual report noti	fication)	
For further infor	mation co	oncerning this matter, please ca			
RUBEN TORO			407 3706445 at ()		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a ch	eck for the	e following amount:			
■ \$25.00 Filin	ng Fec	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	g Address tration S		<u>Street Address:</u> Registration Se	ction	

Registration Section Division of Corporations P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

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

USA & CARIBBEAN POOLS 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 $\frac{01/10/2026}{1}$ and assigned Florida document number ______L20000018021 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 4798 EVERGLADES CIRCLE Enter new mailing address, if applicable: KISSIMMEE. FLORIDA 34746 (Mailing address MAY BE A POST OFFICE BOX) naddard a shekara ba' a mar ar ar mar mar a chair a chairm a' ann shekara finn ann agus a sa ann an an an an a 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: **MOISES S TARAZON ROMERO** Name of New Registered Agent: 4798 EVERGLADES CIRCLE New Registered Office Address: Enter Florida street address KISSIMMEE

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
AMBR	CARLOS M ANIASI TURCHIO	2802 CARTER GROVE LANE	□Add
		KISSIMMEE. FL 34741	≣ Remove
AMBR	Maria Villafana Valdivieso	4798 EVERGLADES CIRCLE	
		KISSIMMEE. FL 34746	🗆 Remove
			🗀 Change
AMBR	Mariafernanda Tarazon Villafana	4798 EVERGLADES CIRCLE	\exists Add
		KISSIMMEE, FL 34746	□Remove
			□Change
AMBR	MOISES S TARAZON ROMERO	3528 BERMUDA WAY LN. 1009	
		KISSIMMEE. FL 34741	■ Remove
AMBR	MOISES S TARAZON ROMERO	4798 EVERGLADES CIRCLE	∃ Add
		KISSIMMEE. FL 34746	□Remove
			□Change
			□Remove
			□Change

			
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ffective date, if other than	the date of filing:		(optionaf)
an effective date is listed, the date lote: If the date inserted in thi ocument's effective date on th	s block does not meet the app	olicable statutory filing requi	(optionaf): n 90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
record specifies a delayed effe I is filed.	ctive date, but not an effective	e time, at 12:01 a.m. on the	carlier of: (b) The 90th day after the
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ated		$\sqrt{\Lambda}$	
	1	<i>\</i> \	

Typed or printed name of signee