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Special Instructions to	Filing Officer.	

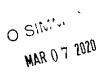
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## **COVER LETTER**

TO;		istration Sect sion of Corpo			
SUBJEC	CT+	QUALITY P	OOL CONCRETE FINISH I	LLC	
			Name of Lim	ited Liability Company	
The enc	losed	Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please re	cturn	all correspond	lence concerning this matter	to the following:	
			GUSTAVO A BARDALE	S	
			QUALITY POOL CONC	Name of Person RETE FINISH LLC	<del></del>
				Firm/Company	
			25935 SW 143 CT, APT 1		
			· · · · · · · · · · · · · · · · · · ·	Address	
			HOMESTEAD, FLORID	A 33032	
			GUSBARD03@GMAIL.C	City/State and Zip Code OM	
			E-mail address: (	to be used for future annual report notification)	<del></del>
For furt	her in	formation con	cerning this matter, please ca	all:	
GUSTA	AVO.	A BARDALE	S	786 564-3504	
		Name of F	<sup>2</sup> erson	at () Area Code Daytime Teleph	one Number
Enclose	d is a	check for the	following amount:		
□ <b>\$</b> 25	6,00 F	iling 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)
		ling Address:	ection	Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY POOL CONCRETE FINISH LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number \_\_\_\_\_\_L20000026881 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 N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GUSTAVO A BARDALES	25935 SW 143 CT 1021	
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ive date, if other than the	date of filing:	(optional)
ective date is listed, the date must If the date inserted in this blo	be specific and cannot be prior to date of filing or more ck does not meet the applicable statutory filing i	e than 90 days after filing.) Pursuant to 605,0 requirements, this date will not be listed
ent's effective date on the De	partment of State's records.	
d specifies a delayed effective led.	date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after t
	2020	
MARCH 01	2020	
11/100		
	Signature of a member or authorized representative of	Ta

Filing Fee: \$25.00