# L200000 83981

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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### **COVER LETTER**

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Registration Section

TO:

Division of Co	rporations			
	POOLS TAMPA LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MARTHA PATARROYC	)		
		Name of Person		
	TAX CARE			
		Firm/Company		
	730 S STERLING AVE			
		Address		
	TAMPA FLORIDA 3360	99		
	<del> </del>	City/State and Zip Code		
	martha.patarroyo@taxcarei			
For further information	concerning this matter, please c	to be used for future annual report no call:	attication)	
mariha.patarroyo	to meeting this matter, prendere	786 631 6524		
		at () Area Code Daytii		
Name	of Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	S30.00 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)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		_	Division of Corporations	
P.O. Box 63:			The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2020

MARTHA PATARROYO 730 SOUTH STERLING AVENUE SUITE 205 TAMPA, FL 33609

SUBJECT: WATER POOLS TAMPA LLC

Ref. Number: L20000083987

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must list the title and name of the authorized person being changed or added.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 020A00010648

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2120 TITES P'11:49

#### WATER POOLS TAMPA 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 Florida document number $\frac{1.20000083987}{1.20000083987}$ .	were filed on 3/17/2020 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	730 SOUTH STERLING AVE STE 205	
	TAMPA FL 33609	
Enter new mailing address, if applicable:	730 SOUTH STERLING AVE STE 205	
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL 33609	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the name of the new register</u>	
agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the name of the new register</u>	
agent and/or the new registered office address here:	address on our records, enter the name of the new register  Enter Florida street address	
agent and/or the new registered office address here:  Name of New 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
			□Add
			□Remove
		-	□ Change
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<u>Note:</u>	ive date, if other than the date of filing:
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	70ne 6 2020
	Signature of a member or authorized representative of a member
	Jessica Dr. Silva Typed or printed name of signee

Filing Fee: \$25.00