

LZC 000099400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

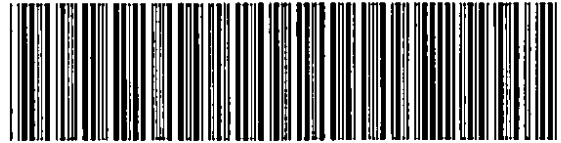
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Repeat

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03/09/21--01013--025 \*\*25.00

2022 MAY 28 PM 5:35

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JUN 14 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2021

ALEJANDRO GUERRERO  
7914 WOODVALE CIR  
TAMPA, FL 33615

SUBJECT: A G POLL SERVICES .LLC  
Ref. Number: L20000099400

We have received your document for A G POLL SERVICES .LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P21000004467.

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) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 221A00009187

RECEIVED

MAY 28 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A G POLL SERVICES, LLC

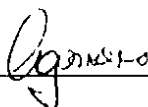
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ALEJANDRO GUERRERO

Name of Person



Firm/Company

7914 WOODVALE CIR

Address

TAMPA FL 33615

City/State and Zip Code

daniuska08@yahoo.com

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

For further information concerning this matter, please call:

ALEJANDRO GUERRERO

813

802 6289

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

**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

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: A G POLL 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:

ALEJANDRO GUERRERO

Name of Person

*Agüero*

Firm/Company

7914 WOODVALE CIR

Address

TAMPA FL 33615

City/State and Zip Code

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Division of Corporations  
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Tallahassee, FL 32314

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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**

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A G POLL SEIVICES 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 04/08/2020 and assigned  
Florida document number L20000099400.

This amendment is submitted to amend the following:

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

ADE POOL 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:**

7914 WOODVALE CIR

**(Principal office address MUST BE A STREET ADDRESS)**

TAMPA FL 33615

**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:

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.*

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**

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[illegible]

\_\_\_\_\_ ☐ Add

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☐ Change

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

2022 MAY 28 PM 5:37

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed

Dated 05/20/2021



Signature of a member or authorized representative of a member

Alejandro Quintero

Typed or printed name of signee

Filing Fee: \$25.00