## LZC CCC 118090

(Reque	estor's Name)	
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(City/Si	tate/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
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ertified Copies	Certificates	of Status
Special Instructions to Filir	ng Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Corpora			
ВЈЕСТ:	Aqua	Drop Pools,	LLC
	Name of Limi	ited Liability Company	
e enclosed Articles of Ame	ndment and fee(s) are subi	mitted for filing.	
case return all corresponden	ce concerning this matter	to the following:	
_	Joshu	Name of Person	
-		Firm/Company	
_	P. O. Bo	X 17541	
_	Sarasot	O FL 34271	6
	A Q U Q Q V	Opposition obe used for future annual report potific	
for further information concer	rning this matter, please ca	ıll:	
JOSHUA DIM Name of Pers	on of the	at (941) 000 - (	0547 Teiephone Number
Enclosed is a check for the fol	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Secti	on	Street Address: Registration Secti	ion

Registration Section Division of Corporations P.O. Box 6327 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

LOUD DION POOLS 110

Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
re Articles of Organization for this Limited Liability Company orida document number 000118090.	were filed on May 01,202 and assigned
nis amendment is submitted to amend the following:	·
. If amending name, enter the new name of the limited liab	pility company here:
te new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u> )	Sarasota, FL 34231
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 17541 Sarasota, Fl. 34276
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	\$ 50 I
New Registered Office Address:	Enter Florida street address
<del></del>	City Sip 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.

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

1BR = Authorized Member

<u>.le</u>	Name	Address	Type of Action
1B12	Joshua Dimeglio	2112 Mill Ter. Sarasota, FL 34231	XAdd
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:ffe <u>:</u>	we date, if other than the date of filing:
	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 ed.
	October and 2020
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	105 h $10$ $10$ $10$

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