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Name Change

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COVER LETTER

TO: Registration Section of Corp			
SUBJECT: 127	Name of Lim	ited Liability Company	2009 XIVAUQA ABO
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	HelioVid	Name of Person	
	- AIXIVAL	Firm/Company	LC DBAAQUAVIX Pools
	1315 Garf	Hold St. Hollyn	1200d, FL 33019
		City/State and Zip Code	
	admin v	aguavix. co	2025
	E-mail address: (to be used for future annual report notifi	cation)
For further information cor	neerning this matter, please ex	all:	
Housvicter Name of I	Mondo S Person	at (205) 293 - Area Code Daytime	Telephone Number 99 56
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	, , , , , , , , , , , , , , , , , , , ,
Florida document number <u>Lacocoaloaga</u>	<i>3.</i> 0
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
AQUAVIX POOLS LL	<u></u>
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Maning address SIAT BE A FOST OF FICE BOX	702
D. If amonding the aggletaned agent and (as assistaned	Inffice address on our records onto the arrival data and a second onto the arrival data and a second on the second
agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
N CN D C	
Name of New Registered Agent:	
New Registered Office Address:	in o
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	1 Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is d office address. I hereby confirm that the limited liability
	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
			□Remove
			□Change
	 		□Add
			□Remove
			□Change
			□Add
		/ 	□Remove
			□ Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi <u>Note:</u>	ve date, if other than the date of filing:
the record cord is fil	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 ed.
Dated	Junie 30th . 2005.
	Signature of a member or authorized representative of a member
	HELIO VICTOR MENDES
	Typed or printed name of signee

Filing Fee: \$25.00