LZ0000283698

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500353400385

10/13/26--01009--025 **25.00

R (W. . 1] NOV 1 J 2020

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: MQ	liby Pools Kend	all LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stefan	Name of Person	
	Malib	1 Pools Kendall Firm/Company	
	13069 SH	112 St. Address	
	Miami, F	L 33186 City/State and Zip Code	
	<u>malibupoolsk</u> E-mail address: (endq Qgrq 1. com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Stetanie Name o	2 Martinez F Person	at (305) 496-(Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	•	The Centre of T	•
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maliby Pools Ken	dall LC. 10 1 9:54		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 910 20 and assigned		
Florida document number <u>L20000283698</u> .	• •		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
NA			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	13069 SW 112 St.		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33186		
Enter new mailing address, if applicable:	13069 SW 112 St.		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33186		
B. If amending the registered agent and/or registered office a 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: NA			
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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
	NA		🗆 Add
			□Remove
			Change
			🗆 Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
		.	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change

	NA
•	
-	
•	
-	
_	
-	
-	
_	
-	
-	
itect an eff	ve date, if other than the date of filing: (optional) cetive 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 (
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
ocum	ent's effective date on the Department of State's records.
recor	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
is fi	ed.
ated	October 7 . 2020.
	Signature of a member or authorized representative of a member
	Stetanie Martinez Typed or printed name of signee

Filing Fee: \$25.00