

120 000347086

\_\_\_\_\_  
(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:  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only



500355870835

12/14/20--01023--013 \*\*25.00

2020 DEC 14 PM 5:41  
RECEIVED  
FLORIDA  
PACIFIC  
COLLEGE, FL  
FILED  
LED

O SIMMONS  
JAN 27 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SOUTHWEST FLORIDA POOL & SPA SERVICES LLC

**SUBJECT:** \_\_\_\_\_ 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:

KELVIN OLIVO

Name of Person

Firm/Company

4120 REGATA WAY APT 107

---

**Address**

FORT MYERS/ FLORIDA 33916

**City/State and Zip Code**

[AMKE]VINOLIVO@GMAIL.COM

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

For further information concerning this matter, please call:

Name of Person \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_ 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION OF LED

2020 DEC 14 PM 5:41

SOUTHWEST FLORIDA POOL & SPA SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

FL

STATE

FL

The Articles of Organization for this Limited Liability Company were filed on 11/02/2020 and assigned Florida document number 120000347086.

This amendment is submitted to amend the following:

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

SOUTHWEST FLORIDA LAWN CARE 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:**

(Principal office address MUST BE A STREET ADDRESS)

---

---

**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**

卷之三

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Date</u>	<u>Type of Action</u>
		SECRETARY TO THE CHIEF TALLAHASSEE, FL	2020 DEC 14 PM 5:41	<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change

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

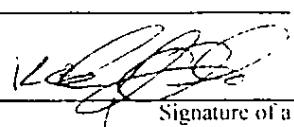
2020 DEC 14 PM 5:41

STATE  
FLORIDA

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 DECEMBER 7 2020

  
Signature of a member or authorized representative of a member

KELVIN OLIVO

Typed or printed name of signee