

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000067620 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : A&M ACCOUNTING INC.

Account Number : I20120000086 Phone : (305)248-9500 Fax Number : (305)248-9922

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 📑 LY POOL SERVICE LLC

Certificate of Status.	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Help FEB 1 9 (22)

Feb. 18. 2021 7:02AM

## ARTICLES OF AMENDMENT (((H21c<sup>N</sup>0.3656762°C <sup>2</sup>3))) TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appears on our record	<u>ls.</u> )	· <del></del>	
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/04/2021		and a	ssigned
This amendment is submitted to amend the following:	<b>-</b> `			
A. If amending name, enter the new name of the limit	ed liability company here:		21 F	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC	C" or the abbr	eviation "	L.L.C."
Enter new principal offices address, if applicable:			භ	, 14
(Principal office address MUST BE A STREET ADDRI	ESS)		25	<b>(ED</b>
		<u></u>	11: 28	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	·			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	r the name	of the n	ew regis
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addre			
	. Florida			
· · · · · · · · · · · · · · · · · · ·	City		Zip Cod	le

## 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 amfeb. 18. 2021i: 7:03AMn(s) authorized to manage, enter the title, name, and address of No. 3656rsorf. 3ng added or removed from our records:

MGR = Manager AMBR = Authorized Member

(((H21000067620 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LIZET RODRIGUEZ	19800 SW 180 AVE LOT 299	<b>=</b> Add
		MIAMI FL 33187	□Remove
			Change
	·		□Add
			CRemove
			Change
			□Add
			\ Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

amending any oth	er information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
·	
-	
(If an effective date is list Note: If the date inst	her than the date of filing:
ne record specifies a do ord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2021
Dated	
	Signature of a member or authorized representative of a member
YOSIBE	R RAMOS ĠARCIA
	Typed or printed name of signee