## L210000083050

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## **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJE	ECT: Nacho's Pool Plastering LLC
	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Natanael Montiel Ramos
	Name of Person
	Nacho's Pool Plastering LLC
	Firm/Company
	1032 VENETIAN PKWY
	Address
	Venice FL 34285
	City/State and Zip Code
	natanaelramos681@gmail.com  E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	in Manhal D
Natana	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
<b>■</b> \$25	.00 Filing Fee Solution Solution Status Solution Status Solution S
,	
	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

Nacho's Pool Plastering LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company wo	ere filed on 2/18/2021 and assig	ned
lorida document number <u>L21000083050</u>		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabilit	ty company here:	
Nacho's Pool Service, LLC	E7 F3	
he new name must be distinguishable and contain the words "Limited Liability		
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	*55° 29	
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nter new mailing address, if applicable:	23 PD 23	
Mailing address MAY BE A POST OFFICE BOX)		
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. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	lress on our records, <u>enter the name of the new r</u>	egist
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□Change
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