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TO:

TO:					
CUDIC	THEFT.				
SUBJEC	.I; <u> </u>	Name of Lim	ited Liability Company		
The encl	osed Articles of	OOL & SPA SERVICES LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: WILLIAM DOURADO Name of Person GOLDEN POOL & SPA SERVICES LLC Firm/Company 1978 SW HILLMAN ST Address PORT SAINT LUCIE, FL 34953 City/Natae and Zip Code WILLIAMDOURADO95@GMAIL.COM F-mail address: (to be used for future annual report notification) Incerning this matter, please call: 25 following amount: \$\frac{954}{\text{Area Code}} \frac{934-6472}{\text{Daytime Telephone Number}} 25 following amount: \$\frac{954}{\text{Certificate of Status}} \frac{\$60.00 \text{ Filing Fee}}{\text{Certificate of Status}} \frac{\$Certificate of Status}{\text{Certificate Copy}} \frac{\$60.00 \text{ Filing Fee}}{\text{Certificate of Opy}} \frac{\$cetion}{\text{cadditional copy is enclosed}} \$\frac{\$text{Street Address:}}{\text{Registration Section}} \frac{\$cetion}{\text{Division of Corporations}}			
Please ro	eturn all correspo	ondence concerning this matter	to the following:		
		WILLIAM DOURADO			
		GOLDEN POOL & SPA S	SERVICES LLC	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) on prations lahassee	
Firm/Company					
1978 SW HILLMAN ST					
			Address		
	enclosed Articles of Amendment and fee(s) are submitted for filing. The return all correspondence concerning this matter to the following: WILLIAM DOURADO Name of Person GOLDEN POOL & SPA SERVICES LLC Firm/Company 1978 SW HILLMAN ST Address PORT SAINT LUCIE, FL 34953 City/Nate and Zip Code WILLIAMDOURADO95@GMAIL.COM f-mail address: (to be used for future unnual report notification) author information concerning this matter, please call: LIAM DOURADO Nume of Person Area Code Daytime Telephone Number Seed is a check for the following amount: 225.00 Filing Fee Certificate of Status Certificate Copy (additional copy is anclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee				
			City/State and Zip Code		
		_			
For furth	er information c			incauon)	
			954 934-6472		
,	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed	l is a check for th	ne following amount:			
□ \$ 25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
			ection		
	_		•		
	P.O. Box 632	7			
	Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our recomited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L21000085683</u>	npany were filed on 02/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		55
		77. 5
		, Lu
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>ent</u>	er the name of the new registe
gent and/of the new registered binee address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

GOLDEN POOL & SPA SERVICES LLC

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
AMBR	THIAGO DOURADO	1141 NW 41ST LN	
		LAUDERHILL FL 33313	■Remove
MGR	THIAGO DOURADO	1141 NW 41ST LN	= Add
		LAUDERHILL FL 33313	□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□ Remove
			☐Change
		-	□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change

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ective date, if other than the effective date is listed, the date mu te: If the date inserted in this b nument's effective date on the E	st be specific and cannot be prior lock does not meet the applic	to date of filing or more that table statutory filing requ		
cord specifies a delayed effectives filed.	ve date, but not an effective to	ime, at 12:01 a.m. on the	earlier of: (b) The 90th da	ly after the
ed July 1:	3 , 2077	<u> </u>		
ed July 1	ucgo 5	flour	0	
				

Typed or printed name of signee