## 121000095592

(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



500361728515

03/12/21--01009--002 \*\*55.00

\$0:8 1. 61 cm 1608

Y STUKES MAR 12 2021



## **COVER LETTER**

. TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

CUDIFCT.	BOCA POOL	BUILDERS, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence	indence concerning this matter	to the following:			
		Cecilia Quinn			
		Name of Person			
	I	Boca Pool Builders, LLC			
		Firm/Company			
	441	NE Spanish Court			
		Address			
	Во	Boca Raton, Florida 33432			
		City/State and Zip Code			
		cq@bocapoolbuilders.com			
		to be used for future annual report no	itheation)		
For further information c	oncerning this matter, please ca	aff:			
Cecilia	a Quinn	561 599-2300 at (			
Name o	f Person	Area Code Daytii	me 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 Division of C	Section	Street Address: Registration Se Division of Co			
P.O. Box 632	7	The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOCA POOL B	BUILDERS, LLC
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparting Horida document number L21000095592	ny were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li-	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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 offic	re address on our records, enter the name of the new registere
agent and/or the new registered office address here:	TATE
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 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
MGR	CAMILO A. ELIZALDE	3469 W BOYNTON BEACH BLVD Suite 9	<b>=</b> Add
		BOYNTON BEACH, FL 33436	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
		_	□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
	<del> </del>		🗆 Add
		<del> </del>	□ Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<u>te:</u> If	e date, if other than the date of filing:
cord s s filed	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
ed	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00