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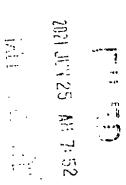
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COVER LETTER

TO: Registration Section

Division of Cor	porations			
MASTER I	POOLS & TILES, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ANGEL LUIGGI			
		Name of Person		_
	MASTER POOLS & TILI	ES, LLC		
Firm/Company				_
	6730 GOLDENEYE DR			
		Address	•	_
ORLANDO, FL 32810				2021 309: 25
		City/State and Zip Code		
	masterpools.tiles@gmail.co			(5)
	E-mail address: (to be used for future annual rep	ort notification)	
For further information c	oncerning this matter, please c	all:		٠ ښ
Angel Luiggi		407 663-7	875	, in
Name o	f Person		Daytime Telephone Numbe	ir
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	ate of Status &
Mailing Addres		Street Addi	-	
Registration S Division of C			on Section of Corporations	
P.O. Box 632	•		e of Tallahassee	
Tallahassee I		2415 N. N.	Annroe Street Suite S	R10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASTER POOLS & TILES, LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
he Articles of Organization for this Limited Liability Compar	ny were filed on 03/09/2021	and as:	signed
lorida document number L21000112315			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	ability company here:		
ne new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	ibbreviation "L	.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ORLANDO, FL 32810			
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter the nan</u>	T. I.	w registe
New Registered Office Address:	Entar Florida street address	<u>.</u> €) /) - (
	, Florida	·	اً ہے۔ المدد ک ^{ار} حدد <u>اس ا</u>
	City	-Zip Code	ית
		· Zin Code	

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.

New Registered Agent's Signature, if changing 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
MGR	LIBBETTE MENDEZ	5957 WESTGATE DR.	□Add
		ORLANDO, FL 32835	\alpha Remove
			□Change
			□ Add
			□Remove
			☐ Change
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Effective date, if other than	the date of filing:		(op	otional)	
If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	is block does not meet the	applicable statutory	g or more than 90 days at v filing requirements, t	Rer filing.) Pursua this date will no	nt to 605.020 t be listed a
e record specifies a delayed efferd is filed.	ective date, but not an effec	ctive time, at 12:01	a.m. on the earlier of:	(b) The 90th	day after the
	2021				
JUNE 21 Dated		-			
Dated JUNE 21	Signature of a member				

Typed or printed name of signee