L21000147257

	Requestor's Name)	
	Address)	
(Address)	
	City/State/Zip/Phone #)	
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	Business Entity Name)	
	(Document Number)	
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COVER LETTER

Division of Co			
SURJECT: A 1A	EQUIPPED F	DOLS LLC	•
Source I. The second	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEKSAND	ER NIKOLLI Name of Person	
	ALA EQUIF	PED POOLS L	<u>LC</u>
	2975 SW 22	PED POOLS LO Firm/Company ANEXUE #20 Address	08
	DELRAYBE	ACH FL 3344	15
	ALEXINIC 490 (E-mail address: (ACH FL 3344 City/State and Zip Code OGMAL, COM to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca		
ALEKSANDER	NIFOLLI	at (<u>347)</u> 499-6	310
	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	. \$\Bigcup \$30.00 \text{ 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		Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L 21000 1472 57</u>	03/30/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
A1A EQUIPPED POOLS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,"	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	282
(Principal office address MUST BE A STREET ADDRESS)	造
	72
	7
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	. 00
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ir records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	

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

ALA CANDON DOOL

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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
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ctive date, if oth	er than the date o	f filing:		(op	etional)
					ter filing.) Pursuant to 605.02 his date will not be listed
	late on the Departme				
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filed.	ayed effective date, t	but not an effective	ve time, at 12:01	a.m. on the earlier of:	(b) The 90th day after the
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d 06/28/	2021 llends Un Signatu	<u>10:3</u>	<u>0</u>		
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