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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

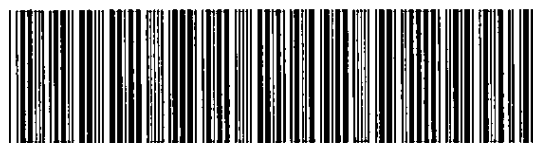
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JAN 25 2022



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RECEIVED  
2022 JAN 20 PM 12:41  
OFFICE OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2022

GABRIEL DORTA  
9642 SW 148TH AVE.  
MIAMI, FL 33196

SUBJECT: BLUE POINTE POOLS & SPAS LLC  
Ref. Number: L21000251355

We have received your document for BLUE POINTE POOLS & SPAS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 922A00000587

## COVER LETTER

RECEIVED

TO: Registration Section  
Division of Corporations

2022 JAN 20 AM 8:27

SUBJECT: Blue Pointe Pools and Spas LLC

Name of Limited Liability Company

SECRETARY OF STATE  
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabriel Dorta

Name of Person

Blue Pointe Pools & Spas LLC

Firm/Company

9642 SW 148th Avenue

Address

Miami, Florida 33196

City/State and Zip Code

bluepointe@bluepointepoolsandspas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel Dorta

786

391-8798

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

Blue Pointe Pools & Spas LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/28/2021 and assigned  
Florida document number 1.21000251355.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

9642 SW 148th Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, Florida 33196

**Enter new mailing address, if applicable:**

9642 SW 148th Avenue

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, Florida 33196

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Gabriel Dorta

New Registered Office Address:

9642 SW 148th Avenue

*Enter Florida street address*

Miami

*City*

Florida

33196

*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.*



2022 JUN 28 PM 12:41  
FILED  
CLERK OF STATE

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**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If no effective date is indicated, the effective date is the date of filing.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 15 2021

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

Gabriel Dorta

Typed or printed name of signee

**Filing Fee: \$25.00**