L21000362868

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TO:

Registration Section
Division of Corporations

	ERSAL POOL RENOVATION I	LLC	
SUBJECT:	Name of L	imited Liability Company	
The enclosed Article	es of Amendment and fec(s) are s	ubmitted for filing.	
Please return all con	respondence concerning this matt	er to the following:	
	CLARA NAVARRO		
		Name of Person	
	UNIVERSAL POOL RE	ENOVATION LLC	
		Firm/Company	2021 SEC
	3881 GLOUCESTER WAY Address	OCT OCT	
		Address	22 12
	ORLANDO, FL 32808		2021 OCT 12 PM 2: 09 SECRETARY OF STATE TALLMHASSEE, FL
		City/State and Zip Code	TAT FL
	clara418@icloud.com		
	t-mail address	s: (to be used for future annual report notif	ication)
For further informat	ion concerning this matter, please	e call:	
CLARA NAVARR	0	at ()	
No.	ame of Person	Area Code Daytime	: Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee S30.00 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)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVERSAL	POOL RENOVATION LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our re a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C	Company were filed on08/12/2021	and assigned
Florida document numberL21000362868	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	iited liability company here:	
AQUA POOL SERVICES LLC		<u></u>
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	
Enter new principal offices address, if applicable:		2021 SEC
(Principal office address MUST BE A STREET ADDI	RESS)	
Timespar office duaress most be a street about		
		(0-1)
		PM 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>e</u>	nter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	address
		. Florida
	City·	Zip 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.

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
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			☐ Change
			□Add
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			ECRETALY OF STATE
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ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this becument's effective date on the	olock does not	meet the appli-	cable statutory	or more than 90 filing requires	(optional days after filing ments, this date) 3.) Pursuant to 6 e will not be li	i05,020 isted a
record specifies a delayed effect lis filed.	ive date, but no	ot an effective	time, at 12:01	a.m. on the ear	lier of: (b) T	he 90th day at	fter th
October 4		2021					
		2411					
	V-199						

Filing Fee: \$25.00