K21000413720

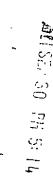
(Req	juestor's Name)	
(Add	iress)	
(Add	lress)	
City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	 Filing Officer:	

Office Use Only



200374014352

09/30/21--01006--012 **25.00



O SIMMON".

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	LELLO POOL	5 FLORIDA LL	.C
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	J	OSEPH GIRALDO	
		Name of Person	
	HELLE	POOLS FLORIDA Firm/Company	LLC
		Firm/Company	
	3401 EME	RALD POINTE DIZV	E/AP 104A
	HOLLYWOO	D, FL 33021 City/State and Zip Code	
	790T	aldo@hotmail. ce)m
	E-mail address: (to	be used for future annual report notific	cation)
For further information cond	cerning this matter, please ca	11:	
JOSEPH Name of P	GPRAL DO erson	at (<u>786</u>) <u>720 · 1</u> Area Code Daytime	5863 Telephone Number
Enclosed is a check for the	following amount:		
S \$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:	ation	Street Address: Registration Sec	tion
Registration Se Division of Cor		Division of Corp	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HELLO POOLS	FLORIDALI	2:30 PY 5:14	
(Name of the Limited Liability (A Florida Li	Company as it now appea imited Liability Company)	ars on our records.)	
HELLO POOLS FLORING LICE (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			
	A. If amending name, enter the new name of the limited	d liability company h	<u>iere</u> :
The new name must be distinguishable and contain the words "Limited	d Liability Company," the	designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		
•			
	office address on our	records, enter the name o	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	lorida street address	
		Florida	
	City	, Flotica	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con	nd agree to act in this nplete performance c	s capacity. I further agree of my duties, and I am fam	to comply with the iliar 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

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 Address 2211 30 Ph 5: 116 Type of Action Title Name JOSEPH F GIRALDO MGR 3401 EMERALD POINTE DRIVE, AP 104A BChange JOHANNA JIMENEZ AMBR _____ □Add 3401 EMERALD POINTE DRIVE AP 104ABChange _____ Change ____ □Change _____ □Remove ☐ Change _____ □Remove

_____ Change

	(43)	
	34000 36 PH 5: T4	
	· · · · · · · · · · · · · · · · · · ·	
		•
		•
		-
		_
		-
Note: If	e date, if other than the date of filing:	5.020 ted 2
documen	it's effective date on the Department of State's records.	
the record secord is	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after.	er th
Dated _	September 27 2021 Signature of a member or authorized representative of a member	
	Local livelle	
	SI OSUM CINCUPER L	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00