K21000470506

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

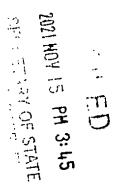
Office Use Only

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COVER LETTER

Registration Section TO: **Division of Corporations**

| CHDIECT. | | le & Coping Installer, LLC | | | |
|----------------|------------------------------|--|---|----------------------------|-----------------|
| SUBJECT | | Name of Limi | ited Liability Company | | |
| The enclosed | l Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | Niurka Batista | | | |
| | | | Name of Person | | _ |
| | | | Firm/Company | | - |
| | | 802 Pearl Mary Cir | | | |
| | | | Address | | - |
| | | Plant City, FL 33566 | | | |
| | | Robertyahoo94@gmail.com | | | _ |
| For further is | aformation c | E-mail address: (oncerning this matter, please co | to be used for future annual re | eport notification) | |
| Niurka Batis | | one on the state of the state o | 813 764 | -6522 | |
| | Name o | f Person | Area Code | Daytime Telephone Number | :F |
| Enclosed is a | a check for th | ne following amount: | | | |
| ■ \$25.00 I | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certific (sed) Certifie | ate of Status & |
| | iling Addres gistration S | | <u>Street Ad</u> Registra | dress: tion Section | |
| Dir | vision of C | orporations | Division | of Corporations | |

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sol Pool Tile & Coping Installer, LLC

| (Name of the Limited Lial (A Flo | bility Company orida Limited Liab | as it now appears on our recollity Company) | ords.) | . |
|--|---|--|-------------------------------------|--|
| The Articles of Organization for this Limited Liability Florida document number | | ere filed on | | and assigned |
| This amendment is submitted to amend the following | ; : | | | |
| A. If amending name, enter the new name of the l | limited liabilit | y company here: | | |
| Sun Pool Tile & Coping Installer, LLC | | | | |
| The new name must be distinguishable and contain the words "I | Limited Liability | Company," the designation "L | LC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | _ | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | | | |
| | - | | | |
| | | | | |
| Enter new mailing address, if applicable: | _ | | - | |
| <u>(Mailing address MAY BE A POST OFFICE BOX)</u> | _ | <u></u> | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent: | | | ————— | of the new regist |
| New Registered Office Address: | | | , | |
| | | Enter Florida street add | iress | 7F 202 |
| | | , | Florida | Zin Cula |
| New Registered Agent's Signature, if changing Registe | ered Agent: | Cuk | | Zip Cone |
| | _ | | | |
| I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang | nd complete pe d agent as pro tered office ac | rformance of my duties, wided for in Chapter 60 | and I am fa 5, F.S. Or, <u>i</u> | miliar with and f this clocument is |
| | If Changir | ng Registered Agent, Signatu | re of New Regi | stered 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 |
|--------------|----------------|---|----------------|
| AMBR | Niurka Batista | 802 Pearl Mary Cir Plant City, FL 33566 | ₩ Add |
| | | | □ Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | |
| | | | □ Add |
| | | | □ Remove |
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| _ | |
| | |
| Note: If | date, if other than the date of filing: |
| he record s ord is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | 11 H 2021 |
| Dated | · · |
| Dated | 1 Prodicator |
| Dated | Signature of a member or authorized representative of a member |