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SLLAGIART OF STAFL ALLAHASSEE, FLORIDA

JUN 2 0 2022 S. PRATHER

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: 5P	parkling Saf	Phire Pools (	LLC.
	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:	
	Kgte	Jynn Guerra Name of Person	
	Sparkling	P Sapphire Pool	SLLC.
	2474	Briant Street	<del>-</del>
		OC F , F L , 3 4287 City/State and Zip Code	
	Sparkling E-mail address: (	Sapphire pools @ 9 mo to be used for future annual report not	fication)
For further information of	concerning this matter, please ca	all:	
Hatelynn Name o	Guerra of Person	at ( <u>941</u> ) 725. Area Code Daytin	- 45 3 9 ne Telephone Number
Enclosed is a check for the	he 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	<del></del>	Street Address:	ction
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of 7	
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sparkling	Supplie F	ools LLC	四日 王
(Name of the Limited L (A F	Sapphice F- liability Company as it now as lorida Limited Liability Compa	pears on our records.) my)	7: 0.1 E TATE CORNU
The Articles of Organization for this Limited Liabil	ity Company were filed or	1/2/27/2021	and assigned
Florida document number <u>L 22000034</u>	<u>[]                                    </u>		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company,"	the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable			<del></del>
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or regis		ur records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			<u>.</u>
	Enter	r Florida street address	
_	City	, Florida	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Katelynn Guerra	2474 Briant. St. North Port, FL, 34	<u>287</u> 1 <b>X</b> IAdd
			□Remove
			□ Change
			□Add
			🗆 Remove
			□Change
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			🗆 Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
,	
If an ef Note:	tive date, if other than the date of filing: O/O1/2022 (optional)  Tective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an nent's effective date on the Department of State's records.
e recor rd is fi	rd 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 iled.
Dated	Signature of a member of authorized representative of a member
	inc.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00