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T. MATTHEWS FEB -7 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A A Pox Box CCC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Pichard Arroyo	
ACA POOL BOXS, U.C.	
15825 nw 91 Coult	
miAmi (Ales H 33018)	
E-mail address: (to be used for future annual report notification))
For further information concerning this matter, please call:	
Charle Might at 786 3744933 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scrifficate of Status Status Scriffied Copy (additional copy is enclosed) S60.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status & '

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 311,20 131 5 ed Liability Company as it nowappear on our records.
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on . Florida document number 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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>	<u>Address</u>	Type of Action
MGR	RICHARD ARROYO	15825 NW 91 COURT	
		MIAMI LAKES, FL 33018	□Remove
			□Change
<u>}</u>			🗀 Add
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fective d	ate, if other than the date of filing: (optional) 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 605.02
<u>ote:</u> If the	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
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