

L22 000 133 395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

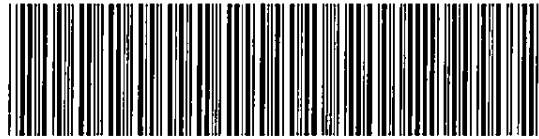
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900440055379

11/26/24--01003--008 \*\*25.00

FILED  
24 NOV 26 PM 5:42  
CLERK OF STATE  
HALLAMSBURG, CANADA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALMOST BROTHERS POOLS RENOVATION LLC  
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:

JANIE CASTILLO

Name of Person

CASTILLO PAYROLL & TAX SERVICE INC

Firm/Company

406 E MAGNOLIA ST

Address

ARCADIA, FL 34266

City/State and Zip Code

CASTILLOPAYROLL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANIE CASTILLO

863

494-0245

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALMOST BROTHERS POOLS RENOVATION LLC

(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 03/17/2022 and assigned  
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:**

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

FILED  
24 NOV 26 PM 5:42  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**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:

N/A

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, **Florida**

City

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

[illegible]

N/A

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/13/2024

Signature of a member or authorized representative of a member

RAUL ALDANA

Typed or printed name of signee

# YOUR SOCIAL SECURITY CARD

ADULTS: Sign this card in ink immediately.  
CHILDREN: Do not sign until age 18 or your first job,  
whichever is earlier.

Keep your card in a safe place to prevent loss or theft.  
DO NOT CARRY THIS CARD WITH YOU.  
Do not laminate.

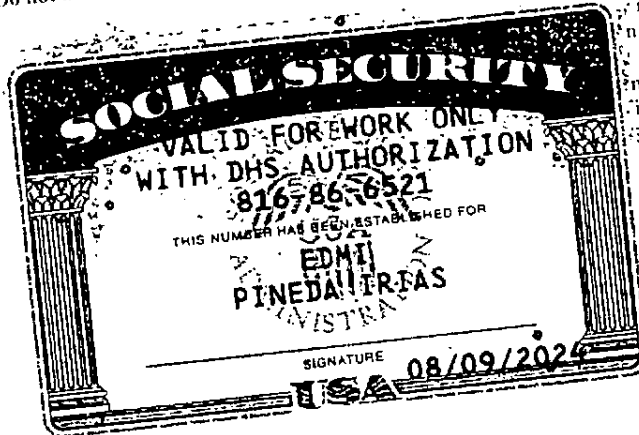
Do not allow others to use your number  
if lost or stolen. Do not carry your card  
to prevent their misuse.  
You must file an application for a  
benefit record if your name, U.S.  
will need to file an application for a  
and other evidence supporting the

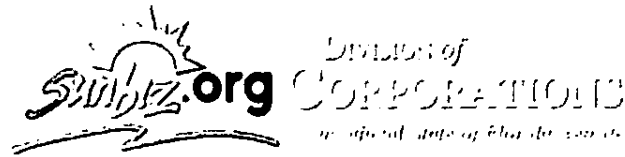
your number exactly as shown on

for keeping purposes, which is neither  
your number is a private matter between  
you and your Social Security record

You must tell us its authority for  
issuing it is mandatory or voluntary.  
Your Social Security card will be marked  
to provide your number to an  
show your U.S. immigration

Your Social Security card will be  
immigration officials if you use the  
www.ssa.gov to get information or use our





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company  
ALMOST BROTHERS POOLS RENOVATION, LLC

### Filing Information

<b>Document Number</b>	L22000133395
<b>FEI/EIN Number</b>	88-1263425
<b>Date Filed</b>	03/17/2022
<b>Effective Date</b>	05/16/2022
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

4957 SOUTH GALAXY DRIVE  
FORT MYERS, FL 33905

### Mailing Address

4957 SOUTH GALAXY DRIVE  
FORT MYERS, FL 33905

### Registered Agent Name & Address

ALDANA, RAUL  
4957 SOUTH GALAXY DRIVE  
FORT MYERS, FL 33905

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

ALDANA, RAUL  
4957 SOUTH GALAXY DRIVE  
FORT MYERS, FL 33905

### Annual Reports

<b>Report Year</b>	<b>Filed Date</b>
2023	02/20/2023
2024	02/09/2024

### Document Images

[02-09-2024 -- ANNUAL REPORT](#)

[View image in PDF format](#)

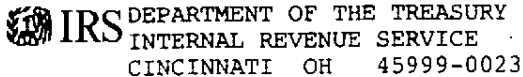
02/20/2023 -- ANNUAL REPORT

[View image in PDF format](#)

03/17/2022 -- Florida Limited Liability

[View image in PDF format](#)





DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 03-16-2022

Employer Identification Number:  
88-1263425

Form: SS-4

Number of this notice: CP 575 G

ALMOST BROTHERS POOLS RENOVATION  
LLC  
RAUL ALDANA SOLE MBR  
4957 S GALAXY DR  
FORT MYERS, FL 33905

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-1263425. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.