

122000133971

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2022 MAY 31 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: MODERN POOL AND SPA 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:

PAID

PEDRO L CHARRIEZ JR

Initial: CK # 0061

Name of Person

MODERN POOL AND SPA LLC

Firm/Company

149 SE 19TH TERR

Address

CAPE CORAL FL 33990

City/State and Zip Code

Pcharriez@gmail.com

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

For further information concerning this matter, please call:

PEDRO L CHARRIEZ

508

377-8998

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

FILED

MODERN POOL AND SPA LLC

2022 MAY 31 PM 4:06

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3/17/2022 and assigned
Florida document number L22000133971.

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)

PEDRO L CHARRIEZ

149 SE 19TH TERR

CAPE CORAL FL 33990

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:

PEDRO L CHARRIEZ

New Registered Office Address:

149 SE 19TH TERR

Enter Florida street address

CAPE CORAL

, Florida 33990

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.

X 

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>	<u>Address</u>	<u>Type of Action</u>
MGR	PEDRO L CHARRIEZ	149 SE 19TH TERR	<input checked="" type="checkbox"/> Add
	<i>I am the Only owner and Authorize Agent</i>	CAPE CORAL FL 33990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUSTIN JORDA	3412 LANA CT	<input type="checkbox"/> Add
	<i>Need to Removed</i>	FORT MYERS FL 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	RUTH O AZCARATE	404 NW 7TH TERR	<input type="checkbox"/> Add
	<i>Need to remove</i>	CAPE CORAL FL 33993	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2007 MAY 31 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 04/22/2022 (optional)

(If an effective 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 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated 5/24/22 2022

Signature of a

Signature of a member or authorized representative of a member

PEDRO L CHARRIEZ JR

Typed or printed name of signee