# Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

いつ

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 Phone : (407)326-8484 Fax Number : (407)604-6519

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: contact@medeirossouza.com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE DIVE POOLS LLC

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Electronic Filing Menu Corporate Filing Menu

Help

### **COVER LETTER**

TO: Registration : Division of Co					
	e Pools LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Rubem Souza				
	Name of Person				
	MEDEIROS SOUZA CORP				
Firm Company					
845 N GARLAND AVE, STE 100					
Address					
	ORLANDO, FL 32801				
		City/State and Zip Code	·		
	Contact@medenossouza.co	om to be used for future annual report not	<del>95.1.1911111</del>		
For further information	concerning this matter, please c		на жил)		
Rubem Souza	,	407 326-8484			
Name	of Person	at () Area Code Daytin	se 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 radditional copy is enclosed)	☐ 560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>MailingAddre</u>		StreetAddress:			
Registration Division of 0	Section Corporations	Registration Se Division of Cor			

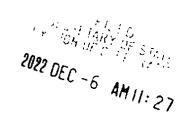
P.O. Box 6327

Tallahassee, FL 32314

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

Page, 5 of 7

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Blue Dive Pools LLC				
(Name of the Lim	ited Liability Company (A Florida Limited Lia	y as it now appears on ou ability Company)	r records.)	<del></del>
The Articles of Organization for this Limited I Florida document number 1.22000182328	Jability Company w	/ere filed on04/15/201	22	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabili	ty company here:		
Retrofits & Renovations Central Florida LLC				
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREA	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
			· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or		dress on our records.	. enter the name of	f the new registered
agent and/or the new registered office addre	<u>ss nere</u> :			
Name of New Registered Agent:	MEDEIROS SOL	IZA CORP		····
New Registered Office Address:	845 N GARLAN	D AVE, STE 100		
		Enter Florida stree	ri address	
	ORLANDO		Florida <u>- <sup>32801</sup></u>	
		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

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 = M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
		<del></del>	Remove
			□Change
			🗖 Add
			□Remove
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		<del> </del>	□Change
			□ Add
		<del>_</del>	
			□Change

		SICH	ALLEN CO.
D. If amending any other informatio	on, enter change(s) here: /Attach	additional sheets, if nece. 482 DEC.	6 AMIL
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E. Effective date, if other than the da (If an effective date is listed, the date must be <u>Note:</u> If the date inserted in this block document's effective date on the Depa	k does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuan ry filing requirements, this date will not	n to 605,0207 (3 <b>x</b> b) he fisted as the
If the record specifies a delayed effective direcord is filed	ate, but not an effective time, at 32 ff	Laim, on the earber of (b). The 90th d	ay after the
Dated ORLANDO	12.05,2022		
1/2-			
	gnature of a member or authorized repress	entative of a member	
Ruhen Souza			
	Typed or printed name of si	gnee	