123000145944

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	T AM X Name of Lin	POOLS ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kevin G	Bernal Be	25U
	IAM	X Pools (16
	11861 SW	179th terra	<u>C. </u>
		33177 City/State and Zip Code 15 @ G mail-Com to be used for future annual report notif	
For further information c	n-mail address: (oncerning this matter, please c		
		250 at (<u>305</u>) <u>73)</u> Area Code Daytime	- 5251 =
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	porations

Tallahassee, FL 32303

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
Ambr	Jose D Hernandez	21241 SW 125th Pa	<u></u> ⊿Add
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I AM X Pool	5 LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L_23000145944</u>	were filed on $03/22/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11861 SW 179th terrace
(Principal office address MUST BE A STREET ADDRESS)	miami, F1 33177
Enter new mailing address, if applicable:	11861 Sw 179th terrace
(Mailing address MAY BE A POST OFFICE BOX)	miami, F1 33177
	<u> </u>
B. If amending the registered agent and/or registered office a igent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: Ber	nal Besu, Kevin G
New Registered Office Address: 11861	Sw 179th Terrace
mian	7) Slip Code
New Registered Agent's Signature, if changing Registered Agent:	

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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	ier than the date of f	<u>. </u>		(optional)	smant to 605 030
<u>te:</u> If the date inser	rted in this block does i	not meet the applicab	le statutory filing requi	rements, this date wil	I not be listed a
umem s enective c	date on the Department	, or state's records.			
cord specifies a del	layed effective date, bu	a not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 90	oth day after the
s filed.					
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