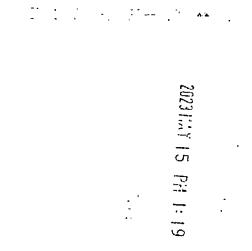
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(Re	equestor's Name)			
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COVER LETTER

Division of Corp				
O C LES BET OFFI	OOL CONTRACTORS LLC		•	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	WILLIAM NEREY ENRI	QUEZ		
		Name of Person		
	UNITED POOL CONTRA	ACTORS		
		Firm/Company		
	19520 NW 38 AV			
		Address		
	MIAMI GARDENS , FLO	RIDA .33055		
		City/State and Zip Code		
	WNEREY@GMAIL.COM			*****
	E-mail address: (to be used for future annual	report notification)	
For further information co	oncerning this matter, please c	all:		
WILLIAM NEREY ENRIQUEZ		7863180851		
Name of	Person	at () Area Code	Daytime Teleph	one Number
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:		

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

UNITED POOL CONTRACTORS LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	pears on our records.) my)
The Articles of Organization for this Limited Liability Company were filed or	1 04/20/2023 and assigned
forida document number L23000195319	<i>,</i> .
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compan	<u>v here</u> :
ne new name must be distinguishable and contain the words "Limited Liability Company,"	
nter new principal offices address, if applicable:	.023 t
Principal office address MUST BE A STREET ADDRESS)	
michal office address (1631 DE A STREET ADDRESS)	វា
	P 译
nter new mailing address, if applicable:	99
lailing address MAY BE A POST OFFICE BOX)	9
. If amending the registered agent and/or registered office address on o	ur records, enter the name of the new regis
ent and/or the new registered office address here:	-
Name of New Registered Agent:	
New Registered Office Address:	29
Enter	· Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE CORRECT MY NAME ON REGISTERED AGENT AND AUTORIZED PERSON. MY CORRECT NAME IS WILLIAM AND LAST NAME NEREY ENRIQUEZ NO MIDDLE NAME OR SENIOR (SR) THANKS Φ E. Effective date, if other than the date of filing: ______ (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) _ (optional) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

Typed or printed name of sig