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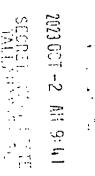
(Requestor's Name)
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COVER LETTER

TO: Registration Sc Division of Cor				
D&F BRIG	HT POOLS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DARIO LEMES			
•		Name of Person		
	San	alener		
		Firm/Company		
	2419 NW 95TH AV		20 2	
		Address	2023 OCT SECKE !:	
	CORAL SPRINGS, FL 33	065		
		City/State and Zip Code		
For further information c	E-mail address: (to be used for future annual report notitionall:	cation)	
EDNA MORA		305 763-7667		
Name o	f Person	Area Code Daytime	Telephone Number	
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 Address		Street Address:	rian	
Registration Section Division of Corporations		Registration Sec Division of Corp		
P.O. Box 6327		The Centre of Ta		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DET Bright Pools	<u>LLC</u>	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our re nited Liability Company)	eords.)
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
Florida document number <u>230003006-708</u> .		
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 ADDRES	<u></u>	
		202
		300
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		17: 37:
B. If amending the registered agent and/or registered of	fice address on our records, <u>er</u>	iter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name Donald and CONTAC Addition		
New Registered Office Address:	Enter Florida street ac	ddress
	City	, Florida

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 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
MGR	FELIX DEL RIO	732 SPRINGDALE CIRCLEPALM SPRINGS, FL	
			□Remove
MGR	ELIZABETH ROJAS	732 SDDINGDALE CIRCLEDALAL CONTROL	□Change
		732 SPRINGDALE CIRCLEPALM SPRINGS, FL.	334 ■Add
			□Remove
			□Change
MGR	DARIO LEMES	2419 NW 95TH AV CORAL SPRINGS, FL 33065	,⊋Add
		DARIO LEMEZ ACC	023 O Remove
			□Change
			∰Add
			□Remove
			□Change
			□ ∧dd
			□Remove
			□Change
			□∧dd
			□Remove
			Change

Typed or printed name of signee