8/16/23, 2:05 PM

Division of Corporations

# Florida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

#### From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP

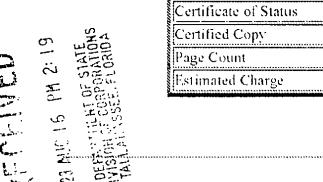
Account Number : I20190000020 Phone : (786)953-7449

Fax Number : (786)953-7450

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

Email #	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGUA POOLS LLC



Electronic Filing Menu — Corporate Filing Menu

Help

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### **COVER LETTER**

TO:	Registration So Division of Cor	ection rporations	: •	s ( )
<b></b>	AGUA PO	•		
SUBJEC	CT:	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	· ·	
		ALEX PAZ		
			Name of Person	<del></del>
		AGUA POOLS LEC		
			Firm/Company	7.4
		1250 NE 207 STREET		
			Address	
		MIAMI, FL. 33179		
			City/State and Zip Code	
		BUSINESSACCTPROF@C	SMAIL.COM  To be used for future annual report no	tification)
For firsh	er information o	oncerning this matter, please of	·	ancanomy
		oncerning this matter, mease co		
ALEX P.	<u> </u>		786 953-7449 at ()	
	Name of	f Person	Area Code Daytii	me Telephone Number
Enclosed	is a check for th	e following amount:		
<b>■ \$</b> 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Se	ection

Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AGUA POOLS LLC		
(Name of the Limited	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lial	oility Company were filed on 07/20/202	and assigned
lorida document number 1.23000344761		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation	n "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
nter new mailing address, if applicable:		
-	330	7>
Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
		<del></del>
3. If amending the registered agent and/or reg	istered office address on our records,	enter the name of the new registe
gent and/or the new registered office address	<u>nere</u> :	<b>e</b> :
Name of New Registered Agent:		. <del>.</del> 
New Registered Office Address:		
	Enter Florida street	
		Florida Zip Code
	City	7in Cods

#### 2

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
AMBR	REINIER FOJAS GONZALEZ	1250 NE 207 STREET	
		MIAMI, FL 33179	=====================================
			□Change
<u></u>			□Add
			□Remove
			☐ Change
			□Add
			□Change
			□ Add
			GRemove
			Change
			□Add
			□Remove
			☐ Change
		<del> </del>	□Add
			□ Remove
			Change

	AUGUST 16, 2023	(antional)
Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the F	ock does not meet the applicable statistory t	(optional) or more than 90 days after filing.) Pursuant to 605,0207 (3 illing requirements, this date will not be listed as th
the record specifies a delayed effection of the cord is filed.	e date, but not an effective time, at 12:01 a	m. on the earlier of: (b) The 90th day after the
Dated AUGUST 16	202.3	
	Signature of a member or authorized represents	
	Carlotte of Carlotte	

Filing Fee: \$25.00