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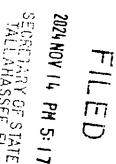
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

OFFSHORE POOLS AND SPASILLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CARO, DIEGO Name of Person OFFSHORE POOLS AND SPASILLC Firm/Company 265 OLMSTEAD RD Address PIERSON, FL 32180 City/State and Zip Code diegocaro291@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Diego Caro Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OFFSHORE POOLS AND SPASILIC

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I Clorida document number L23000358039	Liability Company were filed on 07	/31/2023	_ and assigned
This amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name	of the limited liability company h	ere:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	lesignation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if appli	cable:	ري - التابي	202
Principal office address MUST BE A STRE.	ET ADDRESS)	<b>P</b>	F 1
	<u> </u>	<u> </u>	V
		HASSET S	F
nter new mailing address, if applicable:		ASS C	<b>PR</b> []
Mailing address MAY BE A POST OFFICE	E POVI	در بت بی بین	ن بن
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s. If amending the registered agent and/or gent and/or the new registered office addr	.,	ecords, <u>enter the name (</u>	of the new regis
Name of New Registered Agent:	Diego Caro		
New Registered Office Address:	265 OLMSTEAD RD		
	Enter Flo	rida street address	
	PIERSON	, Florida 3218	0
	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 the 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

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>	Name	Address	Type of Action
AMBR	CARO, ERICK	265 OLMSTEAD RD PIERSON, FL 32180	□Add
			≡Remove
			□Change
AMBR CARO, GIOVANNI	265 OLMSTEAD RD PIERSON, FL 32180	DbbA	
			≣Remove
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AMBR	AMBR CARO, ALEXIS	265 OLMSTEAD RD PIERSON, FL 32180	□Add
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		1 / X/
		Signature of a member or authorized representative of a member
		Diego Caro
		Typed or printed name of signee

Filing Fee: \$25.00