L23 000 466 702

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE	11/20/2023	 *	*WALK IN**
ENTITY 1	NAME Pool Wa	aterways LLC	
DOCUME	ENT NUMBER_		
		PLEASE FILE THE ATTACHED AND RETURN	
xxxxxx	xxxx	Plain Copy Certified Copy	
		Certificate of Status	
	**	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
		Certified Copy of Arts & Amendments	
		Certified Copy of Arts & Amendments Complete File (Including Annual Reports)	
		Certificate of Status Certificate of Status Reflecting:	
		APOSTILLE' / NOTARIAL CERTIFICATION	
	OF DESTINATION OF CERTIFICAT	TONTES REQUESTED	
TOTAL O	WED \$ 25.00	ACCOUNT # 120160000072	J>W
Please ci	all Tina at the	be above number for any issues or concerns, Thank you so much	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number L23000466702	y were filed on 10/10/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lia	oility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2627
(Principal office address MUST BE A STREET ADDRESS)	
	~ <u>`</u>
	27
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	 نn
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
· · · · · · · · · · · · · · · · · · ·	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 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 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>	<u>Name</u>	Address	Type of Action
AMBR	Odilver D Rojas Lopez	617 41ST STREET	□Add
		WEST PALM BEACH, FL 33407	Remove
		US	≡ Change
			-
			□Remove
			Change
			□ Change
			□Remove
			Change
			□Remove
			□Change
			□Add
			Remove
			□C'honwa

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Effective date, if other than the offertive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the app	licable statutory filing	(option than 90 days after the grequirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
ne record specifies a delayed The 90th day after the reco		not an effective ti	me, at 12:01 a	.m. on the earlier of
Dated November 17th	. 2023	·		
	Odilver Don Signature of a member or au	iay Rojas L	opez	
	Signature of a member or au	therized representative of	of a rhember	

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