

L24 000 181 697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

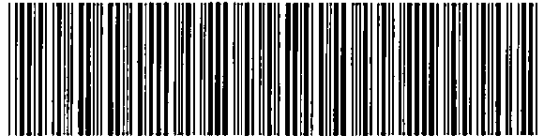
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06/11/24--01005--001 **25.00

07/16/24--01039--007 **25.00

FILED
24 JUL -9 AM 4:39
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07/16/24 BY 60322/UC/STP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DM POOL & Repairs LLC
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:

Diosdado Munive Borges
Name of Person

DM POOL & Repairs LLC
Firm/Company

18122 SW 149 Ct
Address

Miami, FL 33187
City/State and Zip Code

owlpoolservices@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diosdado Munive Borges at (305) 305-3581
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:

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

DM POOL & Repairs LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/17/2024 and assigned Florida document number L24000181697

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 ADDRESS)

18122 SW 149th Ct
Miami FL 33187
MIAMI
FL
33187

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Mg. M. Diosdado Munive Borges

New Registered Office Address:

18122 SW 149th Ct

Enter Florida street address

Miami

City

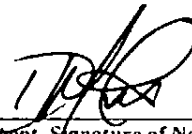
Florida

33187

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name	Address	Type of Action
owner	Diosdado Munive	18122 SW 149th Ct	<input checked="" type="checkbox"/> Add
AGIRM	Borges	Miami, FL 33187	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Diosdado Munive	18122 SW 149th Ct	<input checked="" type="checkbox"/> Add
	Borges	Miami FL 33187	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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)

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.

Dated

4/4 2024
Signature of a member of authorized

Signature of a member or authorized representative of a member

Diosdado Munive Borjes

Typed or printed name of signee