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(Requestor's Name)			
(Address)	 		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Statu	18		
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COVER LETTER

ΓΟ: Registration Division of C			,
CITE IT'ANT.	OOL & SPA SERVICES LI	_C	
	Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Stateme	ent of Correction and fee(s) a	re submitted for filing	5.
Please return all corre	espondence concerning this n	natter to the following	î:
DANYLO PARRA F	RANCISCO		
-	Name of Person		-
DAN POOL & SPA	SERVICES LLC		
	Firm/Company		-
3072 SEAVIEW CA	STLE DR		
	Address		-
KISSIMMEE, FL 34	746		
	City/State and Zip Code		-
danyloparra@icloud	d.com		
E-mail address:	(to be used for future annual	report notification)	-
For further informatic	on concerning this matter, pl	ease call:	
DANYLO PARRA F	RANCISCO	407	4908022
Nar	ne of Person	at (Area Code	Daytime Telephone Number
P.O. Box 6	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐S55 Filing Fee & Certified Copy	☐ S60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The Florida Document number of the limited liability company is: SECOND: Document to be corrected is:___ THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected \odot statement are as follows: SR. DANYLO PARRA FRANCISCO SR. DANYLO PARRA FRANCISCO QR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: DANYLO PARRA FRANCISCO DANYLO PARRA FRANCISCO OR The electronic transmission of the record was defective. ☑ Signature of Authorized Representative

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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, [Thereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)