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COVER LETTER

TO: Registration Se Division of Cor						
	NE NICE POOL LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Samuel Jeantinoble					
		Name of Person				
		Firm/Company				
	10075 Gate Parkway N. 1.					
		Address				
	Jacksonville FL 32246					
	samuel2688@gmail.com	City/State and Zip Code				
For further information c	E-mail address: concerning this matter, please c	to be used for future annual report no all:	otification)			
Samuel Jeantinoble		561 541-6492				
Name o	f Person	Area Code Dayti	ime Telephone Number			
Enclosed is a check for t	he 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co	orporations			
Tallahassee,			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT (TO ARTICLES OF ORGANIZATION OF

THAT'S ONE NICE POOL LLC

JUS 10 7. 6:30

(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 $\frac{01/27/2020}{1}$ _____ and assigned 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) 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: New Registered Office Address: Enter Florida street address

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.

City

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 42387 11 77 6:30	Type of Action
P	Samuel Jeantinoble	10075 Gate Parkway N. 1506	□Add
		Jacksonville FL, 32246	≡ Remove
			□ Change
P Lamartiniere Jeantinoble	Lamartiniere Jeantinoble	5602 3RD ROAD	🗀 Add
		LAKE WORTH, FL 33467	□Remove
			■Change
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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Do	t be specific and ock does not m	cannot be prio eet the appli	r to date of til cable statute	ing or more than ory filing requir	90 days	after filing.) Pu s, this date wil	rsuant to 605.02 I not be listed	207 (3)(t as the
f the record specifies a delayed effective ecord is filed.	e date, but not :	an effective (time, at 12;0	I a.m. on the c	arlier (of: (b) The 96	th day after th	he
Dated August 20th		2020						
			··					

Typed or printed name of signee