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COVER LETTER

Divis	sion of Corpor	rations		
SUBJECT:	The Nelson Go	oup 88		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of Am	nendment and fee(s) are sub	mitted for filing.	
Please return a	all corresponde	ence concerning this matter	to the following:	
			Carol Nelson	
			Name of Person	
			Firm/Company	<u></u>
			286 Goya Ct	
			Address	
			Punta Gorda, FL 33983	
			City/State and Zip Code	
	_		tenelsongroup88@gmail.com to be used for future annual report notific	cation)
For further int	formation conc	erning this matter, please ca		·
	Carol Nel	Ison	937 243-7170 at ()	
	Name of Pe	rson	Area Code Daytime	Telephone Number
Enclosed is a	check for the f	ollowing amount:		
宣 \$ 25,00 Fi	ling Fec	S30.00 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)
<u>Maili</u>	ing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TO: Registration Section

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

The Nelson Goup 88, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000298840</u>	were filed on 06/29/2021	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Carol Nelson, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	286 Goya Ct			
(Principal office address MUST BE A STREET ADDRESS)	Punta Gorda, FL			
	33983			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	me of the new registere		
Name of New Registered Agent.		202		
New Registered Office Address:	Enter Florida street address	27.10:		
	, Florida	~		
	City	Zip Codg		
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 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
			□Add
			□Remove
			Change
-			□Add
			□Remove
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ective date, if other than the a effective date is listed, the date mute: If the date inserted in this beament's effective date on the E	st be specific and o lock does not me	cannot be prior to cet the applicab	date of filing or mor le statutory filing	(option continue than 90 days after frequirements, this	iling.) Pursuant to 605.020
cord specifies a delayed effectives filed.	ve date, but not a	an effective time	c, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
June 30	,	2021	. <i>.</i>		
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ted	Signature of a m	l Nels	zed representative o	f a member	. <u> </u>
	Signature of a m	ember or authori	zed representative o	f a member	