

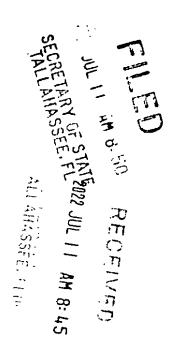
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,
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COVER LETTER

TO:

	egistration Se ivision of Cor			
		CUSTOM POOL, LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		TIMOTHY M. MILLER		
		<u> </u>	Name of Person	
		COASTAL CUSTOM PO	OOL, LLC	
			Firm/Company	·
		5711 HALIFAX AVENUE	E. SUITE 2	
			Address	
		FORT MYERS, FL 3391	2	
		<u></u>	City/State and Zip Code	
		TIMMILLER2113@ICLO		
			to be used for future annual report notif	ncation)
For further	information c	oncerning this matter, please ca	all:	
Timothy M. Miller, MGR			239 437-3636 at ()	
Name of Person		f Person	Area Code Daytime	e Telephone Number
Enclosed is	s a check for th	ne 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)
	Lailing Addres Legistration S		Street Address: Registration Sec	ction
Division of Corporations			Division of Cor	porations
	.O. Box 632		The Centre of T	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

20 JUL 11 AM 8-50

COASTAL CUSTOM POOL, LLC

(Name of the Limited Liability Company as it now appears on our recorded CRETARY OF STATE (A Florida Limited Liability Company)

TALLAHASSEE, FL

he Articles of Organization for this Limited Liability Compan	y were filed on 06/17/2022	and assigned
orida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		-
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office		name of the new regist
. If amending the registered agent and/or registered office gent and/or the new registered office address here:		name of the new regist
ent and/or the new registered office address here:	address on our records, enter the	
ent and/or the new registered office address here:		
ent and/or the new registered office address here:	address on our records, enter the	
Name of New Registered Agent:	address on our records, enter the	

I hereby accept the appointment as registered agent and agree t 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
MGR	TIMOTHY M. MILLER	5711 HALIFAX AVENUE	
		SUITE 2	□Remove
		FORT MYERS, FL 33912	# Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
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an effective	date is listed, th	ne date must be spe l in this block do	ecitic and o	cannot be pr	or to date of	tiling or more tory filing r	than 90 day coniremen	s after tiling ts. this dat	g.) Pursuant to e will not be	n 605.020 e listed a
ocument's	effective date	on the Departm	ent of Sta	ate's recor	ds.	,	- 1	,		
	cifics a delaye	ed effective date.	but not a	ın effective	time, at 12	:01 a.m. on	the earlier	of: (b) T	he 90th day	after the
l is filed.										
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Filing Fee: \$25.00