L23000511143

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COVER LETTER

	ration Sec on of Corp					
	LUCOAS'	FPOOLS AND PAVERS LLC				
SUBJECT: _	10-11	Name of Lim	ited Liability Company			
The enclosed A	rticles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return al	l correspoi	ndence concerning this matter	to the following:			
		ANTHONY WILSON				
			Name of Person			
		BLUCOAST POOLS AND	PAVERS LLC			
			Firm/Company			
		26219 82ND AVE AVE				
		Address MYAKKA CITY, FL 34251				
			City/State and Zip Code			
		anthony@wilsonrei.com				
r e al			to be used for future annual report n	omication)		
		oncerning this matter, please ca				
ANTHONY W	ILSON		941 400-3106 at ()			
	Name of	Person	Area Code Dayt	ime Telephone Number		
Enclosed is a cl	heck for th	e following amount:				
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	ng Address Stration S		Street Address: Registration S			
Divis	ion of C	orporations	Division of C	orporations		
	Box 632 bassee T	7 FL 32314	The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUCOAST POOLS AND PAVERS LLC				
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) [Liability Company]			
The Articles of Organization for this Limited Liability Compan	y were filed on NOVEMBER 16, 202	.3	and ass	igned
Florida document number L23000517743				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbrev	iation "L.!	L.C."
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)				
		2 (0	202	
			ال ال	
Enter new mailing address, if applicable:			==	
(Mailing address MAY BE A POST OFFICE BOX)		112.	<u></u>	- d
		1 1, -	_ 	
		٠ _'	ယ္	لتجدء والم
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the	name of	the nev	registere
agent and/or the new registered office address nere:		٠,٠		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address		-	
	, Florid	la		
	City:		lin 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 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	Jayme Wilson	26219 82nd Ave E	DAdd
		Myakka City, FL 34251	■Remove
			□ Change
AMBR	Jayme Wilson	26219 82nd Ave E	■Add
		Myakka City, FL 34251	□Remove
			☐ Change
			□Add
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fan eff Note:	ive date, if other than the date of filing:
record is fil	d 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 led.
Dated	December 29
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00