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(Requestor's Name)
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## **COVER LETTER**

' TO: Registration Section

Division of Cor	rporations		
SUBJECT: Nelson Poo	ols of Emerald Coast LLC		
	Name of Lin	ited 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:	
	Michael Eric Nelson		
		Name of Person	
	Nelson Pools Inc.		
	-	Firm/Company	·
	29866 Bayshore Drive Sou	uth	2024 F
		Address	The state of the s
	Orange Beach / Alabama	36561	PECRETARY OF STATE OF
		City/State and Zip Code	第二 三
	Ericnelsonpools@gmail.cor	n to be used for future annual report notif	ication) 52
For further information c	oncerning this matter, please c		, jul
Michael Nelson		at (251 656-8369	
Name o	i Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	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 Tallahassee. 1	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nelson Pools of Emerald Coast LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/21/24 and assigned
Florida document number L24000090528	
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 I	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	<u>s</u>
	2021 HAR SECRET
	ACC ACC
Enter new mailing address, if applicable:	P want
Mailing address MAY BE A POST OFFICE BOX)	57 _ 17
<u> </u>	31 E C
	- 10元 · の
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip 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
AMBR	Nelson Pools Inc.	29866 Bayshore Drive South	<b>E</b> Add
		Orange Beach / Alabama 36561	□Remove
			□Change
MGR	Michael Everett Nelson	29866 Bayshore Drive South	
		Orange Beach / Alabama 36561	□Remove
			Change
			SECRETARY I
			SSET STATE S
			□Remove
			□Change
			□Add
			□ Remove
			□Change
<del></del>			□Add
			□Remove
			□ Change

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ective date, if other than the date of filing:					
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11/3/1	ed March 4th	2024	·		
Signature of a member or authorized representative of a member		N / // .			

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