Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000204933 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

92.

Account Name : LEGALZOOM.COM INC.

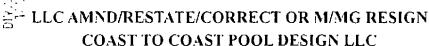
Account Number : I20010000062

: (323)962-8600

Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:



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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN 2 0 2024

TO:

Registration Section

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

r. .

From: Rajiv Srivastava

COVER LETTER

| SUBJECT: | TO COAST POOL DESIGN LL | | <u> </u> |
|--------------------------|--|--|--|
| | Name of Lim | ited Liability Company | |
| The continued being | C 1 1 1 1 1 | are submitted for filing. Inatter to the following: Name of Person Inc. Firm/Company Address City/State and Zip Code stpools.com ddress: (to be used for future annual report notification) please call: 800 773-0888 at (| |
| The enclosed Articles of | or Amendment and ree(s) are sub | mitted for ining. | |
| | pondence concerning this matter | to the following: | |
| , fire | Mike Town | | |
| | | Name of Person | |
| | Legalzoom.com, Inc. | | |
| | | Fimv/Company | |
| | 9900 Spectrum Dr | City/State and Zip Code astpools.com address: (to be used for future annual report notification) please call: 800 773-0888 at (| |
| | | Address | |
| | Austin, TX 78717 | | |
| | | City/State and Zip Code | |
| | chance@coasttocoastpools. | | |
| | E-mail address: (| to be used for future annual report notifi | ication) |
| For further information | concerning this matter, please concerning | all: | |
| Mike Town | | | |
| Name | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Eiling Fee | ☐ \$30.00 Fifing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| MAI | LING ADDRESS: | STREET/COURI | ER ADDRESS: |

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

To:

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



COAST TO COAST POOL DESIGN LLC

| (Name of the Limited Liabilit | Y Company as it now appears on our re | ecords.) |
|--|---|------------------------------------|
| Y Carlo (A Florida | Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 02/29/2024 | and assigned |
| Florida document number L24000105168 | | |
| This amendment is submitted to amend the following: | | |
| this amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| Complete Pool Design LLC | | |
| The new name must be distinguishable and contain the words "Limi | ted 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 ADDR. | ESS) | |
| | | |
| | | |
| Enter new malling address, if applicable: | | |
| • | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| · | | |
| B. If amending the registered agent and/or regist | ered office address on our rec | cords enter the name of the new |
| registered agent and/or the new registered office addr | | torus, enter the name of the new |
| | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street a | eddress |
| | | |
| | City | , Florida |
| New Registered Agent's Signature, if changing Registered | | 2247 CANDE |
| | | |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co | | |
| accept the obligations of my position as registered ag | | |
| being filed to merely reflect a change in the registered | d office address, I hereby confirm | m that the limited liability |
| company has been notified in writing of this change. | | |
| • | | |

If Changing Registered Agent, Signature of New Registered Agent

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> | | Name | <u>Address</u> | Type of Action |
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| | Chave | - 7. I | gnature of a | member or a | uthorized re | presentative | of a membe | <u>r</u> | | |

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