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COVER LETTER

SUBJECT:	MEDINA SWIMMING LLC	ited Liability Company	
	Traine of Earl	ned maomy company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARIONA MEDINA		
	•	Name of Person	
	MARIONA MEDINA SW	IMMING LLC	
		Firm/Company	
20100 WEST COUNTRY CLUB DR			
		Address	
	AVENTURA, 33180 APT	1409	
		City/State and Zip Code	
	MMESPINALT@GMAIL.G		
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
MARIONA MEDINA		9802109936	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed
Mailing Address Registration S		Street Address: Registration Sec	

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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

FileD

MARIONA MEDINA SWIMMIN		2022 Alic 22 Ali 7: 45			
(Name of the Limi	ted Liability Compa				
The Articles of Organization for this Limited L Florida document number L20000210303		THE STATE			
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
BEYOND SWIMMING 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 applie	cable:	18117 BISCAYNE BLVD #2432			
(Principal office address MUST BE A STREET ADDRES		MIAMI, FL 33160			
Enter new mailing address, if applicable:		18117 BISCAYNE BLVD #2432			
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33160			
B. If amending the registered agent and/or agent and/or the new registered office addressed agent. Name of New Registered Agent:	C-	address on our records, enter the name of the new registere			
	18117 RISCAN	YNE BLVD #2432			
New Registered Office Address:	TOTT/ BISCA	Enter Florida street address			
	MIAMI	33160			

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.

Cin

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>	<u>Name</u>	Address	Type of Action
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			□Remove
		 	□Change
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		lelayed effect he record is f		t not an effec	ctive time, at	12:01 a.m. o	n the earlier of
Dated AUG	UST, 8TH		2022				
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_		Signature	e of a member or	authorized represe	entative of a memb	ber	

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