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R. HUNT

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: (WAY)	ate New with	Philomon Humph	ncet LLC	
SUBJECT:	Name of Limit	ted Liability Company		
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter t	o the following:	2632	
	Khicinvion t	Name of Person	Phret LL Com	
	Swim Soute Now in	urh Khiannen Hum	price cre man I	
		Firm/Company	FATE	
	1056 Pelican	line		
		Address		
	Rockledge	FL 32955 City/State and Zip Code Flumphped SSN (
	CHLANINON	City/State and Zip Code Fly MFHRET SSN	2 GMAIL.com	
	E-mail address: (t	o be used for luture annual report notifi	ication)	
For further information con-	cerning this matter, please ca	all:		
Rhiannon 1	Honiphre 7	at (321) 720 Area Code Daytime	5328	
Name of P	erson	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25,00 Filing Fee	(2) \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Swim Safe Now of Rhic	annon Humphr	er LLC
Swim Sate Now of Rhicon (Name of the Limited Limited Limited Limited Affordia Limited	pany as it now appears on our (I Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000330640</u>	by were filed on $\frac{7 \int 2}{}$	w / 2027 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
High Tide Swim Schoo	I, LLC	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	"LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		F- 1
(Principal office address MUST BE A STREET ADDRESS)		2
	<u></u>	1/2
Enter new mailing address, if applicable:		SSS A
(Mailing address MAY BE A POST OFFICE BOX)		ms a C
		FL I
		111
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	City	, Florida 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 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 Type of Action <u>Address</u> <u>Name</u> <u>Title</u> ____ 🗀 Add ____ □Remove Remove ÓGhange □ Change _____ □Remove

_____ □Remove

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Effective	e date, if other than the dat tive date is listed, the date must be	te of filing:	orius to data of filing	(optional)	umt to £0	SOME
Note: If	the date inserted in this block	does not meet the ap	plicable statutory	filing requirements	s, this date will n	ot be lis	ted as t
ancimien	nt's effective date on the Depar	riment of State's reco	ords.				
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