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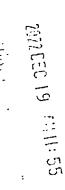
(Requ	uestor's Name)	
(Addr	ess)	·
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(City/:	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	iment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Co		•		
~	rica of Gainesville, LLC			# W
SUBJECT:	Name of Lin	nited 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:		
	Jill Wilby			
		Name of Person		
	SwimAmerica of Gainesvi	ille, LLC		
		Firm/Company		
	4420 NW 19th Avenue			
	<u> </u>	Address		
	Gainesville, FL 32605			
		City/State and Zip Code		.1
	jwilby@cox.net	to be used for future annual report not	(fortion)	-
For further information c	concerning this matter, please of	·	incacking	·
Christic Pinter		319 471-5196		
Name o	of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Centified C	of Status &
Mailing Addres Registration S		Street Address: Registration Se	ection	
Division of C	Corporations	Division of Cor		
P.O. Box 632	27	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SwimAmerica of Gainesville, LLO		
(Name of the Lim	ited Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u>-</u>)
he Articles of Organization for this Limited I	iability Company were filed on 12/08/2003	and assigned
Florida document number 1.03000050864		
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		2012
		_
Enter new mailing address, if applicable:		· (1)
Mailing address MAY BE A POST OFFICE	EBOX)	9
		74
 If amending the registered agent and/or gent and/or the new registered office addre 	registered office address on our records, <u>enter t</u> ess here:	the name of the new-regist
,		
Name of New Registered Agent:	Jill Wilby	
New Registered Office Address:		
	Enter Florida street address	
		rida
	Cuv	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

Title	<u>Name</u>	Address	Type of Action
AMBR	Robert Pinter	13721 NW 10th Place, Newberry, FL 32669	□Add
		.	≅ Remove
			□Change
AMBR	Christie Pinter	13721 NW 10th Place, Newberry, Ft. 32669	□Add
			Remove
			🗆 Change
			□ Add
			□Remove 102 22 112
			Ghange
			□Change
			□Adđ
			□Remove
			□Change
			
			□Remove
			□ Chonon

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fective date, if other than the date of filing:	022 (optional)
n effective date is listed, the date must be specific and cannot be p	(optional) orior to date of filing or more than 90 days after filing.) Pursuant to 605.02 plicable statutory filing requirements, this date will not be listed.
cument's effective date on the Department of State's reco	
ovard enocities a delegand affective data, but not an affective	re time, at 12:01 a.m. on the earlier of: (h) The 90th day after th
is filed.	e time, at 12.01 a.m. Wi the earner of 10.107. The Min day after the
December 15 2022	
ted	7
(1), (1)	
/	uthorized representative of a member

Filing Fee: \$25.00