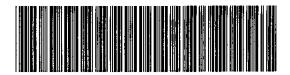
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B. BOSTICK
SEP 1 2 2011
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Florida Swim School	
SODJE	Name of Limited Liability Company	
The enc	osed Articles of Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	Kava Cassidy Name of Person	
. يسد	Florida Swim Sohool	
ř. , , ,	Florida Swim School Firm/Company P. O. Box 880748	
	Boca Raton FL 33488-0748 City/State and Zip Code Kavaswim S@bell south · net	
	E-mail address: (to be used for future annual report notification)	_
For furt	The control of the co	, 1
<u>Ka</u>	Name of Person Area Code & Daytime Telephone Number	,,,,,
Enclose	d is a check for the following amount:	
☑ \$25.	OD Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Swim Sel	hool, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records, iability Company))	
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \begin{align*} \lambde 1000 \ 100 \ 2 \ 1 \end{align*}.		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		ACE 1	
		27 8 7	
		83. 6	
Enter new mailing address, if applicable:		The 70 111	
(Mailing address MAY BE A POST OFFICE BOX)		ES: 12	
	•	RIE 25	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		er the name of the new	
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action **Address** Title **Name** Stephen A Cassidy 7607 Silver Woods Ct Boea Raton FL 33433 ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Kara Cassidy

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee