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K. SALY EXAMINER APR 26 2013

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

# British Swim Centers Franchising, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Henrietta Goldberg

Name of Person

#### British Swim Centers Franchising, LLC

Firm/Company

## 2084 N. University Drive

Address

Sunrise, FL 33322

City/State and Zip Code

#### rita.goldberg@britishswimschool.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### Henrietta Goldberg

ູ,954ຸ**747-725**1

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

British Swim Centers Franchising, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Life Florida document number L11000027118	iability Company	were filed on 03/03/2011	and assigned	
Florida document number	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and end wit "L.L.C."	th the words "Limi	ted Liability Company," the de	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applic	able:	British Swim Centers	s Franchising, LLC	
(Principal office address MUST BE A STREET ADDRESS)		2084 N. University Drive		
		Sunrise, FL 33322		
Enter new mailing address, if applicable:		British Swim Centers	s Franchising, LLC	
(Mailing address MAY BE A POST OFFICE BOX)		2084 N. University D	Prive	
		Sunrise, FL 33322		
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	ds, enter the name of the new	
New Registered Office Address:	2084 N. University Drive			
<del> </del>	Enter Florida street address			
	Sunrise	·,	Florida 33322 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi being filed to merely reflect a change in the	proper and comp istered agent as	lete performance of my du provided for in Chapter 60	ties, and I am familiar with and 18, F.S. Or, if this document is	

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Type of Action** Name 1 <u>Address</u> 2084 N. University Drive Henrietta C. Goldberg **MGRM** Sunrise, FL 33322 Remove **Antony White** 325 N. Forest Avenue CEO Oak Park, IL 60302 Remove Remove Remove Remove

•	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
. Remove CEC	D - Antony D. White
<del> </del>	·
April 16	2013
$\mathcal{A}$	Golden
	Signature of a member or authorized representative of a member
Henrietta C.	"Goldberg

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Filing Fee: \$25.00