# L11000027118

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## **COVER LETTER**

		ration Secon of Corp			
SUBJEC	B	ritish Swim	Centers Franchising, LLC		
SUBJEC	·1:		Name of Lin	nited Liability Company	
The encle	osed A	rticles of A	mendment and fee(s) are sub	omitted for filing.	
Please re	turn al	correspon	dence concerning this matter	to the following:	
			H. Michael Drumm		
			-	Name of Person	<del></del>
			Drumm Law, LLC		
				Firm/Company	<del></del>
			1624 Market St., Suite 202	2	
				Address	
			Denver, Colorado 80202		
				City/State and Zip Code	
			mike@drummlaw.com		
				to be used for future annual report not	ification)
For furthe	er infor	mation con	cerning this matter, please ca	all:	
Michael I	Drumn			303 968-1900 at ()	
		Name of P	erson	Area Code Daytin	ne Telephone Number
Enclosed	is a ch	cck for the	following amount:		
\$25.0	0 Filin	g 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:

.

TO:

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 (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 Liability Company were filed on 3/3/2011 and assigned - Monago Rilla Florida document number  $\underline{\text{L1}}$  1000027118 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HCG Holdings, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation " N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida <sub>-</sub> City

### 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 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
N/A			
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ffective date, if other than the data an effective date is listed, the date must be lote: If the date inserted in this bloc ocument's effective date on the Dep	e specific and cannot be k does not meet the a	ipplicable statutory	or more than 90 da	(optional) ys after filing.) Pursuar ts, this date will not	nt to 605.0207 be listed as
e record specifies a delayed of The 90th day after the recor	effective date, build is filed.	it not an effecti	ive time, at 12	:01 a.m. on the	earlier o
April 23	, 2019	<del></del> .	••		
	gnature of a member or	I goldbo			

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Filing Fee: \$25.00