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Division of Corporations

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: (850)617-6383

Erom:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 Phone : (941)748-0100

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\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: CDRhoing for @ blalock walters . Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SWIM GYM OF LAKEWOOD RANCH LLC

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2415 N. Monroe Street, Suite 810

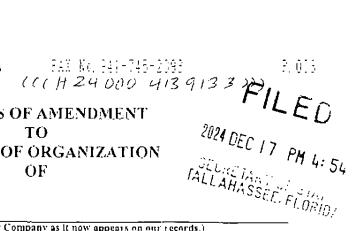
Tallahassee, FL 32303

Tallahassee, FL 32314

TQ: Registratio Division of	n Section Corporations		
	Gym of Lakewood Ranch, ULC		
Sobsect.	Name of Lit	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sul	bmitted for filing.	
Please return all com	espondence concerning this matter	to the following:	
	Matthew J. Lapointe, Esq		
	<u></u>	Name of Person	
	Blalock Walters, P.A.		
		Firm/Company	<del></del>
	802 11th Street West		
		Address	
	Bradenton, FL 34205		
		City/State and Zip Code	
	info@swimgymlwr.com		
		to be used for future annual report not	iffication)
	on concerning this matter, please c	ail;	
Matthew J. Lapointe, Esq.		941 748-0100 at()	
Naσ	ne of Person	at ()	ne Telephone Number
Enclosed is a check fo	or the following amount:		
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Registratio Division of	n Section f Corporations	Registration Se Division of Co	
P.O. Box 6		The Centre of T	

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



Swim Gym of Lakewood Ranche, 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 2/16/2012 \_ and assigned Florida document number L12000023151 This amendment is submitted to amend the following: A. If amouding name, enter the new name of the limited liability company here; The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_\_

## 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.

City

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II anneuring Authorized rerson(s) authorized to manage, enter the fitle, 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
MGRM	Anita Pope	2097 Sylvan Lea Drive	□Abd
		Sarasota, FL 34240	≅ Remove
			□ Change
MGR	Anita Pope	5002 Lena Road, Unit 102	<b>\overline{\overlin</b>
		Bradenton, FL 34211	CRomove
			□ Change
MGR	Jamie Gephart	5002 Lena Road, Unit 102	<b>S</b> Add
		Bradenton, FL 34211	□Remove
			Change
			TALL HASSEY FOLLOWING
			□Add
			□ Change
			□Remove
			□ Change

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December 16	2024			
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