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· TO: · Registration Division of C				
SUBJECT:	AQUAMOTION	AQUAMOTION SWIM SCHOOL LLC		
Sobilett.		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
		MAURO C. SANTOS		
Name of Person				
	SAN	SANTOS & COMPANY, P.A.		
		Firm/Company		
25 SE SECOND AVENUE , SUITE 1235				
Address				
	MIAMI, FLORIDA 33131			
City/State and Zip Code				
	MAUROSANTOS1@LIVE.COM			
		(to be used for future annual report notific	eation)	
For further information	n concerning this matter, please	call:		
MAI	JRO C. SANTOS	at (305)	371-5252	
Nam	e of Person	Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AQUAMOTION SWIM SCHOOL LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) MARCH 2, 2012 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L12000030449 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 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 **Title** <u>Name</u> Address **Type of Action** MGR ADRIANA VIANNA PERES **1530 NE 191ST STREET** ✓ Add MIAMI, FLORIDA 33179 Remove ANDREA M VIANNA MGR 465 W PARK DR. MIAMI, FLORIDA 33172 ✓ Remove Add 🗌 ☐ Remove Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL 12 2012 Dated ___ Signature of a member or authorized representative of a member MAURO C. SANTOS, ESQ. Typed or printed name of signee

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Filing Fee: \$25.00