

L14000029505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

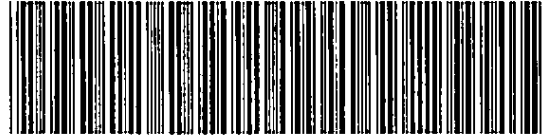
(Business Entity Name)

(Document Number)

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18 JAN 22 PM 1:05
CLERK OF COURT
JANUARY 22 2018
CLERK OF COURT

S. WARREN

JAN 25 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4 FINS 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:

Caroline Croft
Name of Person

4 FINS LLC
Firm/Company

PO BOX 352
Address

Winter Park FL 32790
City/State and Zip Code

CCroft79@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caroline Croft at (678) 480 7650
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**

4 FINS 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 2/20/2014 and assigned Florida document number L14000029505

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Swimsprolet Orlando LLC

The new name must be distinguishable and contain 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**)

901 Highland Avenue
Orlando FL 32803

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Caroline Croft
PO BOX 352
Winter Park FL 32790

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:

Caroline Croft

New Registered Office Address:

901 Highland Avenue

Enter Florida street address

Orlando

City

Florida

32803

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 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 Changing Registered Agent, Signature of New Registered Agent

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STATE OF FLORIDA

MGR = Manager
AMBR = Authorized Member

mgr David Craft 2455 Flowering ☐ Add
Dogwood Drive ☒ Remove
Orlando FL 32828 ☐ Change

mgr Suzanne Philips 13037 Royal Fern Dr. ☐ Add
Orlando FL 32828 ☒ Remove

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☐ Change
☐ Add
☐ Remove
☐ Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authority

Signature of a member or authorized representative of a member

Caroline Croft
Typed or printed name of signer

Typed or printed name of signee

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FBI - NEW YORK