

8/12/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

(((H21000304666 3)))

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H210003046663ABC

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SHERYL SECKEL HUNTER PA  
Account Number : 12020000028  
Phone : (813)867-2640  
Fax Number : (813)867-2641

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Email Address: annualreports@hunterbusinesslaw.com

2021 AUG 12 PM 3:57

STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SEAL SWIM SCHOOL IV, L.L.C.**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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**COVER LETTER**

(((H21000304666 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SEAL SWIM SCHOOL IV, L.L.C.**

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:

Katelyn Dougherty

Name of Person

Hunter Business Law

Firm/Company

119 South Dakota Avenue

Address

Tampa, FL 33606

City/State and Zip Code

annualreports@hunterbusinesslaw.com

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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

Katelyn Dougherty

813

867- 2640

at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

(((H21000304666 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H21000304666 3)))

SEAL SWIM SCHOOL IV, L.L.C.

(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 03/14/2014 and assigned  
Florida document number L14000043827.

This amendment is submitted to amend the following:

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

WATERMELON SWIM SOUTH TAMPA, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19509 N. DALE MABRY HWY

LUTZ, FL 33548

**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:

MICHA SEAL

New Registered Office Address:

19509 N. DALE MABRY HWY

*Enter Florida street address*

LUTZ

*City*

Florida 33548

*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.*

*Micha Seal*

If Changing Registered Agent, Signature of New Registered Agent

(((H21000304666 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H21000304666 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	THERESE SEAL	14611 MIDDLEFIELD LANE	<input type="checkbox"/> Add
		ODESSA, FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHA SEAL	19509 N. DALE MABRY HWY	<input type="checkbox"/> Add
		LUTZ, FL 33548	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2021 AUG 12 PM 4:45  
DEPT OF CORRECTIONS  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated August 12, 2021

Micha Seal

Signature of a member or authorized representative of a member

Micha Seal

Typed or printed name of signee

(((H21000304666 3)))

**Filing Fee: \$25.00**