

L14000103672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

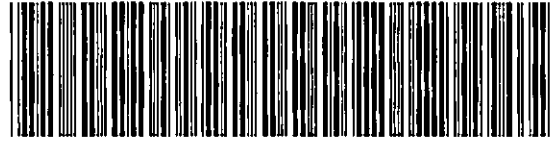
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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AUG 20 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WET DOLPHIN SWIMMING ACADEMY 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:

STEPHANIE MARTINEZ

\_\_\_\_\_  
Name of Person

AT PLUS

\_\_\_\_\_  
Firm/Company

8180 NW 36 ST STE 406

\_\_\_\_\_  
Address

DORAL FL 33166

\_\_\_\_\_  
City/State and Zip Code

ATPLUS@LIVE.COM

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

For further information concerning this matter, please call:

STEPHANIE MARTINEZ

305

406-3800

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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**

WET DOLPHIN SWIMMING ACADEMY 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 06/30/2014 and assigned  
Florida document number L14000103672.

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 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)

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**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

*City*

*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

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>     | <u>Address</u>     | <u>Type of Action</u>                   |
|--------------|-----------------|--------------------|---|
| MGR          | MARISOL RUSSIAN | 11408 SW 254TH ST  | <input checked="" type="checkbox"/> Add |
|              |                 | HOMESTEAD FL 33032 | <input type="checkbox"/> Remove         |
|              |                 |                    | <input type="checkbox"/> Change         |
|              |                 |                    | <input type="checkbox"/> Add            |
|              |                 |                    | <input type="checkbox"/> Remove         |
|              |                 |                    | <input type="checkbox"/> Change         |
|              |                 |                    | <input type="checkbox"/> Add            |
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|              |                 |                    | <input type="checkbox"/> Change         |

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(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)

Dated AUGUST 8TH 2018

Signature

Signature of a member or authorized representative of a member

MILVIA RUSSIAN

Typed or printed name of signee