

L15000161726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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07/11/18--01007--016 **35.00

FILED
18 SEP 14 PM 6:33
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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SEP 17 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Specialized Swim & Wellness, 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:

Kristy Squire

Name of Person

Specialized Swim & Wellness

Firm/Company

1000 NW 1st Ave #25

Address

Boca Raton, FL 33432

City/State and Zip Code

info@specializedswimandwellness.com

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

For further information concerning this matter, please call:

Kristy Squire

561

306-2170

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)

* previously paid \$35

see letter #318A00017989

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

RECEIVED

2018 SEP 14 AM 10:34



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2018

KRISTY SQUIRE
1000 NW 1ST AVE
#25
BOCA RATON, FL 33432

SUBJECT: SPECIALIZED SWIM & WELLNESS, LLC
Ref. Number: L15000161726

We have received your document for SPECIALIZED SWIM & WELLNESS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 218A00014995

RECEIVED
DIVISION OF CORPORATIONS
AUG 27 AM 11:09

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

Specialized Swim & Wellness, 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 09/23/2015 and assigned
Florida document number L15000161726.

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)

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:

Wexy Swim, Inc.

New Registered Office Address:

8814 Morgan Landing Way

Enter Florida street address

Boynton Beach

Florida 33473

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	Ready Set Save CPR & Swim, Inc	18917 Cloud Lake Circle Boca Raton, 33496	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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18
SEP 11 PM 11
33
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FLORIDA

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

Previously the Registered Agent was Itty Bitty Swimmers which resigned from that position 6/18/2018

Now Wexy Swim, Inc, previously MGR is taking over as Registered Agent and adding

Ready Set Save CPR & Swim as MGR

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ALABAMA

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)

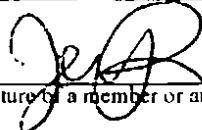
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 September 12, 2018





Signature of a member or authorized representative of a member

Kristy L. Squire

Jennifer Richardson

Typed or printed name of signee