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(Requestor's Name)
(Address)
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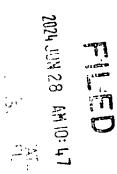
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor				
cup uz		RRETT SWIM, LLC			
SUBJEC	-l;				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Barrett Wainscott Jr			
			Name of Person		
			Firm/Company	.	
		11949 Red Leaf Ct			20
			Address	.	24 J
		Fort Myers, FL 33908			2
		barrettwainscott@outlook.c			2024 JUN 28 AH 10: 47
For furth	er information c	ri-mail address: (oncerning this matter, please c	to be used for future annual reposit.	ort nonneation)	12 to 1
Barrett \	Wainscott Jr		262 893-1	768	
	Name o	f Person	at (1111111	Daytime Telephone Number	
Enclosed	d is a check for th	ne following amount:			
□ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified (of Status &
	Mailing Address Registration S Division of C P.O. Box 632	Section Corporations			

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)		
y were filed on November 4, 2015	and assigned	
bility company here:		
ility Company," the designation "LLC" or the	e abbreviation "L.L.C."	
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address on our records, enter the n	ame of the new registere	
	<u></u>	
Enter Florida street address		
Florida	Zip Code	
	Andress on our records, enter the new Enter Florida street 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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□ Remove
			— □ Remove □ Charge 28
			28 January Constitution of the Constitution of
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change

If amending any other informa	tion, enter change(s) here: (Attach additional	sheets, if necessary.)
		
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		2024 JUN 28
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 (If an effective date is listed, the date mu 	date of filing: st be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing reepartment of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (3)(b) quirements, this date will not be listed as the
f the record specifies a delayed effective ecord is filed.	re date, but not an effective time, at 12:01 a.m. on t	he earlier of: (b) The 90th day after the
Dated June 24	. 2024	
13× 11	Signature of a member or authorized representative of a	ı member
Barrett Wainscott Jr		
Darren wantscon J	Typed or printed name of signee	

Filing Fee: \$25.00