

8/12/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

(((H21000304660 3)))

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000304660 3)))



H210003046603ABCV

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To:

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

From:

Account Name : SHERYL SECKEL HUNTER PA  
Account Number : I20200000028  
Phone : (813)867-2640  
Fax Number : (813)867-2641

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: annualreports@hunterbusinesslaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SEAL SWIM SCHOOL RIVERVIEW, LLC**

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

2021 AUG 12 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

(((H21000304660 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SEAL SWIM SCHOOL RIVERVIEW, 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:

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)

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

(((H21000304660 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000304660 3)))

SEAL SWIM SCHOOL RIVERVIEW, 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 06/20/2016 and assigned  
Florida document number L16000118467.

This amendment is submitted to amend the following:

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

WATERMELON SWIM RIVERVIEW, 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

, Florida 33548

*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.*

*Micha Seal*

If Changing Registered Agent, Signature of New Registered Agent

(((H21000304660 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: (((H21000304660 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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  
SECURITY  
MILWAUKEE, WISCONSIN  
LONDON

**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

**Filing Fee: \$25.00**

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