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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: KEGGY SET SWIM PODI and Spa SETVILLS 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:
Charles S. Hanson  Name of Person
Ready Set Swim Poul and Spa Services LLC Firm/Company
4680 camp Creek Lane Address
Orange Park F1 32065 City/State and Zip Code
Ready Set Swim LLC @ gmail. com  Binail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  Charles Hanson  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\frac{404}{535-4965}\$  Daytime Telephone Number  \$\frac{7}{500}\$  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy
Enclosed is a check for the following amount:
\$25.00 Filing Fee \( \text{Certificate of Status} \)  Certificate of Status \( \text{Certified Copy} \)  (additional copy is enclosed)  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

The Articles of Organization for this Limited Liability Company were filed on iof7/2016 and assigned Florida document number L16000186594 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: New Registered Office Address: Enter Florida street address City

## 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>	Address	Type of Action
AMBR	Mary Hanson	4680 Camp Creek Lane	<b>X</b> Add
		Orange Park F1 32005	- □ Remove
			Change
			Add
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		SECRETARY OF STATE TALLAHASSEE, FLORIDA	Add Signature 1 Remove
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If am	ending any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)		
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Dated	10/26, 2016.	Ã'''	<b>o</b>	
	n I I A			
	Signature of a member or authorized representative of a member			
har	les Honson Mary Hanson			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00