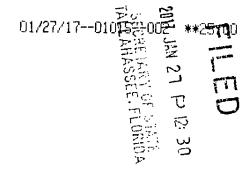
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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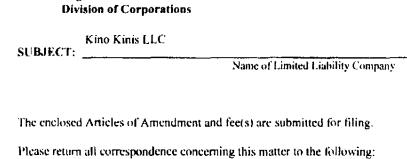
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TO:

Registration Section

	Sonya Laney			
	Name of Person			
	Sonya L. Lancy C.P.A. PA	<b>\</b>		
	Pirm/Company			
	5131 S. Ridgewood Ave S	Ste. F		
		Address		
	Port Orange, FL 32127			
		City/State and Zip Code	<del></del>	
	slancy@sonyalaney.com		<b>;</b> =1	
	E-mail address: (	to be used for future annual report notific		
For further information	concerning this matter, please c	all:	JAN AHA	
Sonya Laney		386 761-8500	ARY :	
Name	of Person	``\ <u></u>	Telephone Number 17 U	
Enclosed is a check for t	he following amount:		30	
■ \$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	

**COVER LETTER** 

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

Kino Kinis LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 12/07/2016	and assigned
Florida document number L16000221983		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
Kino Swim LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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	;	<del>_</del>
Enter new mailing address, if applicable:	ŕ	
(Mailing address MAY BE A POST OFFICE BOX)		ch 🔄 📆
THE PARTY OF THE P	Č/	N 1
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B. If amending the registered agent and/or registered offic	ce address on our records, enter!	, , , , , , , , , , , , , , , , , , , ,
registered agent and/or the new registered office address here:		
	73 -40	30
Name of New Registered Agent:		
New Registered Office Address:		
	Emer 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

	from our records: lanager		
AMBR = A	uthorized Member		
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blaccument's effective date on the D	ock does not meet the ap	oplicable statutory f	or more than 90 days affiling requirements, the	tional) ler filing.) Pursuant to 605, his date will not be liste	.020 ed a
e record specifies a delayed The 90th day after the rec	l effective date, bui ord is filed.	t not an effectiv	e time, at 12:01	a.m. on the earlie	er c
Dated	2017	· ·			
		2			

Page 3 of 3

Filing Fee: \$25.00