L18000042475

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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COVER LETTER

	Registration Se Division of Cor						
emp ice	SeaSunSwi	m LLC.		•			
SUBJEC	1:	Name of Lim	ited Liability Company	•			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Sedaysha Samuel					
			Name of Person				
		SeaSun Swim LLC					
			Firm/Company				
		3747 Turtle Run Blvd Apt	. 2428				
			Address				
		Coral Springs, FL 33067					
			City/State and Zip Code				
		sedayshasamuel@gmail.cor	n to be used for future annual report noti				
For furthe	er information c	oncerning this matter, please c	·	neation)			
Sedaysha	Samuel		954 8561618 at ()				
	Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed	is a check for th	ne following amount:					
■ \$25.0	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 Addres Registration S		Street Address: Registration So	ction			
	Division of C		Registration Section Division of Corporations				
ŀ	P.O. Box 632	7	The Centre of T	allahassee			
	P.O. Box 632 Fallahassee, I			allahassee e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SeaSunSwim LLC	U	15 1 11	
(<u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears orida Limited Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability	Company were filed on $\frac{02/16}{1}$	5/2018	and assigned
orida document number L18000042475	<u> </u>		
nis amendment is submitted to amend the following			
If amending name, enter the new name of the li	mited liability company hero	<u>:</u> :	
eaSunSwim LLC.			
he new name must be distinguishable and contain the words "I	limited Liability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRFS\$1		
	J. Laving		
		 	
Inter new mailing address, if applicable:		<u></u>	
<u> Mailing address MAY BE A POST OFFICE BOX)</u>			
	-	•	•
3. If amending the registered agent and/or registe	red office address on our rec	ords, enter the nan	ne of the new regist
gent and/or the new registered office address here		 	
Name of New Registered Agent:			
New Registered Office Address:	E 121 -> 1	a street address	
	Enter Florid	a sareet aaaress	
	•-	, Florida	
	City		ZmCode

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 (10 11 4:19	Type of Action
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