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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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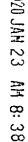
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COVER LETTER

TO: Registration Section Division of Corpo					
SUBJECT: 5	IRCLES MIND	FULNESS, L	LĊ		
30B3ECT:	Name of Lim	ited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	MEL	DASH			
		Name of Person			
	MI	RACLE SWIMM Firm/Company	ING- S	CHOOL FOR	ADULTS, LLC
	24	04 HIBISCUS	S7		
		Address			
	ک	GARASOTA FL	342	239	
		City/State and Zip Code			
		(RACLE SUMM			
		to be used for future annual r	eport notific	ation)	
For further information con	cerning this matter, please co	all:			
MELON	DASH	at (<u>941</u>)	921	6420	
Name of P	erson	Area Code	Daytime '	Telephone Number	
	•				
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filin Certificate (Certified Co (additional co)	of Status &
Mailing Address:		Street Ad			
Registration Se Division of Cor		_	tion Sect of Corp		
P.O. Box 6327	- pr		•	llahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 CIRCLES MINDI	FULNESS, LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
(Name of the Limited Liability Companies (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document number	were filed on 3/15/19 and and assigned
This amendment is submitted to amend the following:	23
A. If amending name, enter the new name of the limited liab	ility company here:
MIRACLE SWIMMING SCHOOL	FOR ADULTS, LLC w
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.EC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1217 EAST AVENUE SOUTH #207 SARASOTA FL 34239
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:	217 EAST AVENUE SOUTH \$ 207
New Registered Office Address:	ARASOTA FL 34239 Enter 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 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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□∧dd
			□Change
			
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Effective date if	f other than the date	of filing:		(option	al)
If an effective date is Note: If the date	is listed, the date must be sp- inserted in this block do tive date on the Departm	ecific and cannot be prior to sees not meet the applica		re than 90 days after fil	ing.) Pursuant to 605,020
e record specifies rd is filed.	a delayed effective date	, but not an effective tir			
	1/16	. 2020	·	Is this s for the for # E	ignature
Dated	4			for the H	
Dated	Malon	est.		# E	,
Dated 	1/16 Melinil Signal	C41 ture of a member or autho	rized representative	of a member	·

Filing Fee: \$25.00