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•	(Requestor's Name)				
•	(Address)				
	(Address)				
•	(City/State/Zip/Phone #)				
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•	(Business Entity Name)				
J	(Document Number)				
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COVER LETTER

TO: Registration : Division of C			
	SWIM SCHOOL SPACECOAS	ST LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ALICIA GOMEZ		
		Name of Person	·
	MyUSACorportation.com		
	1 Radisson Plaza, Suite 80	FirmvCompany	
	New Rochelle, NY 10801	Address	
	info@myusacorporation.cor		
For further information	concerning this matter, please ca	o be used for future annual report notif ill:	icution)
ALICIA GOMEZ		877 330-2677	
Name	of Person	at () 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 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRITISH SWIM SCHOOL SPACECOAST 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 06/07/2019 and assigned Florida document number _____L19000151223 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Address</u>	Type of Action
	WILLIAM FRANCIS	124 WYCH LANE	
AMBR			_□ Add
		GOSPORT, HP PO13-0TE UK	
		303, 3K1, 11 1 3 13-012 3K	
			Remove
			Change
	ANTHONY FRANCIS	124 WYCH LANE	
AMBR			🗆 Add
		GOSPORT, HP PO13-0TE UK	U :\dd
		GOSPORT, HP PO13-01E UK	
			■ Remove
			Change
			-
			
			□ Remove
			Change
			to Change
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			C. C. L.
			Change
			□ Remove
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ffective date, if other than th	o doe 6 6712		
an effective date is listed, the date mu	ist be specific and cannot be prior t lock does not meet the applica	o date of filing or more than 9 ble statutory filing require	(optional) 0 days after filing.) Pursuant to 605,020 ments, this date will not be listed a
e record specifies a delaye The 90th day after the rec	d effective date, but not cord is filed.	an effective time, at	12:01 a.m. on the earlier o
October 11,	2019		
		_	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00