119000152161

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/Śtate/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	1992 SWIT Name of Limit	M LLC ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Beverli	RIVERO Name of Person	
	<u></u>	92 Swim Lic Firm/Company	 -
	<u>5227</u> S	W 195 th HR Address	
	miramar,	FI 33024 City/State and Zip Code	
	E-mail address: (b	Swim@ami . Cm o be used for future annual report not	ification)
For further information	concerning this matter, please ca		
PEVERY	RIVERU of Person	at (QSU) 662-7 Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
★ \$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)

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

1992 5	bwim LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number L19000152161	y Company were filed on <u>JUNE</u> 	. 07,2019 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		ZI HAR 10
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	Se A M
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:	200 <u>-</u>	
New Registered Office Address:	Enter Florida st	reet 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

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
			l Add
			Remove
			Change
MGR	Jinais Maria Da Costa	T	<u>b</u> Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
	·		
			□ Remove
			Change
			🗆 Add
			Remove
			Change

E. Effective date, if other than the date of filing:
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated March 7 . 2020.
Dune Blue
Signature of a member of authorized representative of a member
Typed or protect name of signee

Page 3 of 3

Filing Fee: \$25.00