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(Re	equestor's Name)	
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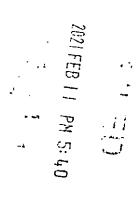
Office Use Only



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S. YOUNG



COVER LETTER

Swim Safe SUBJECT:	North Port Infant Swimming R	Resource LLC	
	Name of Lim	ited Liability Company	
···			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Brittnie Elizondo		
		Name of Person	
		Firm/Company	
	2574 Blackbird Lane		
		Address	
	North Port, FL. 34286		
		City/State and Zip Code	
	b.elizondo@infantswim.cor		
	E-mail address; (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Brittnie Elizondo		941 544-1856 at ()	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for th	ne 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:

TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Swim Safe North Port Infant Swimming Resource L	LC	21
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on our records.) Liability Company)	2021 FEB
The Articles of Organization for this Limited Liability Compan	y were filed on October 1, 2019	and assigned
Florida document number L19000246410		-0
This amendment is submitted to amend the following:		04 5: HO
A. If amending name, enter the new name of the limited lia	bility company here:	
Swim Safe Infant Swimming Resource LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
2		
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)		
3. If amending the registered agent and/or registered office	address on our records, enter th	e name of the new register
gent and/or the new registered office address here:	· 	
Name of New Registered Agent:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	E31	:.a
	, Flori	ida Zip Code
Now Designatured Agent's Company of the series Designature	•	eng Circle
lew Registered Agent's Signature, if changing Registered Agen	<u>L</u>	

thereby 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
			□Add
			□Remove
			□Change
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			□Remove
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ffective date, if other than the an effective date is listed, the date mu	t be specific and cannot be prior to date of filing or more than 90 day	(optional) 's after filing) Pursuant to 605 0207
lote: If the date inserted in this b	ock does not meet the applicable statutory filing requirement	ts, this date will not be listed as
ocument's effective date on the D	epartment of State's records.	
record specifies a delayed effective	e date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
l is filed.		
February 8	2021	
ated		
	-(-1) \	
ALL		
	Signature of a member or authorized representative of a member	
Brittnic Elizondo		