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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: KAY	iar Swim, 1	LLC	
SUBJECT	Name of Lim	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Elizabet	h Pollock Name of Person	
		Firm/Company	
	1170 NU	1 124th st Address	
		•	
	North 1	Migmi, FL 3316 City/State and Zip Code	8
	Variancini	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ation)
For further information co	oncerning this matter, please c	all:	
Elizabeth	Person Person	at (<u>305</u>) <u>849</u> Area Code Daytime T	3824 Telephone Number
Enclosed is a check for th	e following amount:		~~
↓√\$25.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations 7	Street Address: Registration Section Division of Corporate Centre of Tales	orations Ilahassee
Tallahassee, F	L 32314	2415 N. Monroe l Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recontability Company)	rd <u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 06/29/2	and assigned
Florida document number	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
		<u></u>
		\)
Enter new mailing address, if applicable:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	+71	
		29
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:	nddress on our records, <u>ente</u>	r the name of the new registered
New Registered Office Address:		
	Enter Florida street addr	UNS
	City F	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	·
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, o provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Persan(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
AMBR	Kadeem F. S	Stephenson 1510 NW 123rd st	⊒Add
		Miami, FL 331	
			□Change
AMBR	Isaiah R. M	Ickenzie 10467 W 33rdc+	ī V Add
		Hialeah, FL 33018	□Remove
			☐ Change
		·····	□Remove
			□ Change
			⊐Ādd
			∃Remove
			⊡Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

		
		
Effect	tive date, if other than the date of filing:(option	al)
(If an et	flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil	ling.) Pursuant to 605.0207 (
lf an et Note:	tive date, if other than the date of filing:	ling.) Pursuant to 605.0207 (
lf an et Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file. If the date inserted in this block does not meet the applicable statutory filing requirements, this d	ling.) Pursuant to 605.0207 (
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