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

| Division of Corpo | orations | | |
|------------------------------|---|--|---|
| SUBJECT: Tidal | Wave Pools Name of Limite | SWF, LLC d Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are subm | itted for filing. | |
| Please return all correspond | dence concerning this matter to | the following: | |
| | Beinard | Anthony Rogoszew Name of Porson | ski Jr. |
| | Tidal | Wave Pools SWF, | LLC |
| | 1300 | SW 47 Street | |
| | | City/State and Zip Code GDS Zews K. & Yaho We used for future annual report natification | |
| For further information cor | E-mail address: (to acerning this matter, please cal | • | |
| Becky T Name of I | Rogoszewski Person | at (239) 849-6 Area Code Daytime Telep | DGO phone 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) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

Mailing Address:
Registration Section
Division of Corporations

Registration Section

TO:

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

| Name of the Limited Links | 10005 SWF, L | .LC | | |
|---|---|---------------------------------|---------------|-------------------------|
| (A Florid | ility Company as it now appears on da Limited Liability Company) | our records.) | | |
| The Articles of Organization for this Limited Liability | | /28 /2020 a | nd assi | gned |
| Florida document number <u>L 20000 2690</u> | <u> 11</u> . | , , | | TLL.C." Rew registered |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | | | |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designa | ation "LLC" or the abbrevia | ion "L.L | C." |
| Enter new principal offices address, if applicable: | | | 26 | |
| (Principal office address MUST BE A STREET ADD | RESS) | , | 21 3 | |
| | | • | äE | ्यात्र के प्राप्त के |
| | | | œ | |
| Enter new mailing address, if applicable: | | | 2 | ; i i |
| (Mailing address MAY BE A POST OFFICE BOX) | | • | 5 | |
| | | | 6 | |
| | | | , | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our record | ls, <u>enter the name of th</u> | <u>іе пеж</u> | registered |
| agent and of the new registered office address here. | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida str | vet 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

| MGR = AMBR = | Manager Authorized Member | | |
|-----------------|------------------------------|---|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | BERARRO ANTHONY ROGOSZ | Address Type of Action Add 1300 SW 47 ST. | |
| | | 1300 SW 47 ST. | □Remove |
| | | CAPE COTAL FL 33914 | (PChange |
| AMBR | REBELLA B. Prograszew | skī | |
| | | 1300 SW41 ST | |
| | | CADE COTAL FL 33914 | □Change |
| | | | CAJU |
| | | | □Remove |
| | | | □Change |
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| | | | □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:

| | | | | ···· | |
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| ote: If the dat | if other than the date of files listed, the date must be specific inserted in this block does not tive date on the Department of | ot meet the applicable st | of filing or more than 90 day tatutory filing requirement | s after filing.) Pursuant to 605.0 is, this date will not be listed | 0207 d as |
| record specifie is filed. | a delayed effective date, but | not an effective time, at | 12:01 a.m. on the earlier | of: (b) The 90th day after t | the |
| nted | 9y 20 | <u> 2021</u> . | | | |
| | | 122 | | | |
| | Signature of | a member or authorized | epresentative of a member | | |
| | | | | | |
| | REBECC | | OSZEWSET | | |

Filing Fee: \$25.00