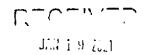
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#### **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

## **Division of Corporations** Ammendment to Taylor Grosse LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **Taylor Grosse** Name of Person Firm/Company 1570 Pineapple Ave Address Melbourne, FL 32935 City/State and Zip Code hello@openswimstudio.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Taylor Grosse 843 4087839 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$55.00 Filing Fee & ☐ \$25.00 Filing Fee **≡** \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Taylor Grosse 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 \_\_\_\_\_\_ and assigned L20000369912 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Open Swim Studio LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3659 Rubin Road Enter new principal offices address, if applicable: Jacksonville, FL 32257 (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

#### 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 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

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