## LZ1000239767

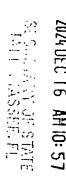
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## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	rporations		
JENNAS S SUBJECT:	SWIM SCHOOL, LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Heather Steele		
		Name of Person	
	Coastal Tax Partners LLC		
		Firm/Company	<del></del>
	1130 Pinehurst Rd Ste B		
		Address	
	Dunedin, FL 34698		
		City/State and Zip Code	<u> </u>
	E-mail address: (	to be used for future annual report n	otification)
For further information c	concerning this matter, please c	all:	
Heather Steele		727 724-4030	
Name o	r Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for th	he 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 5	Section	Street Address: Registration S	
Division of C	orporations	Division of C	orporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEMMAS SWIM SCHOOL, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our recorda Limited Liability Company)	rd <u>s.</u> )
The Articles of Organization for this Limited Liability Carlonda document number <u>L21000239767</u>	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
lennaverse, LLC		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LI	.C" or the abbrevia "L.L.C."
Inter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADD	RESS)	257 -
		5 6 m
		AH IO:
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· # 1
-		
3. If amending the registered agent and/or registere		er the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street addr	COSS
		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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
		<del></del>	ClChange
			□Add
			□Remove
			□Remove
		,	□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effe <u>Note:</u> 1	re date, if other than the date of filing:
e record rd is file	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 d,
Dated _	<del></del>
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Heather Steele, EA

and the second

Filing Fee: \$25.00