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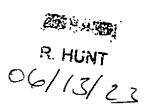
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COVER LETTER

:Of

Registration Section Division of Corporations

HAPPY S SUBJECT:	WIM LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Isis Isabel		
		Name of Person	
	H & I Tax Investment Cor	р	
		Firm/Company	
	1860 N Pine Island Rd. Sto	e. 111	ائدة فين الم
,		Address	
	Plantation, FL. 33322		LARVISSEE.FL
		City/State and Zip Code	EE. S
	isistax@aol.com		FAT 57
	E-mail address: (to be used for future annual report not	ilication)
For further information	concerning this matter, please c	all:	
Isis Isabel		954 476 - 7100	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAPPY SWIM LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed or	on 06/01/2021 and assigned
Florida document number L21000254169	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
PARKER TRAINING ACADEMY LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	123
	; C
	(1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Enter new mailing address, if applicable:	200 P M
• • • • • • • • • • • • • • • • • • • •	
Mailing address MAY BE A POST OFFICE BOX)	TA U
B. If amending the registered agent and/or registered office address on a agent and/or the new registered office address here:	our records, <u>enter the name of the new regi</u> s
Name of New Registered Agent:	
New Registered Office Address:	51
Ente	er Florida street address
	, Florida
City	Zip Code

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□ Remove
			Change □ Change □ Add
			SCO PO III
			PM Remove
			☐ ☐ ☐ ☐ Change
			□ Add
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ective date, if of effective date is lis	ther than the	date of filing: be specific and o	annot be prior	to date of fil	ng or more than 9	(optional 0 days after filin) g.) Pursu	ant to 605.0°
te: If the date instance the transfer that the transfer the transfer that the transfer transfer that the transfer transfer that the transfer transfer that the transfer transf	erted in this blo	ock does not me	ect the applic	able statuto	ry filing require	ements, this dat	e will n	ot be listed
cord specifies a d	elayed effective	date, but not a	in effective ti	ime, at 12:0	l a.m. on the ea	rrlier of: (b) T	he 90th	day after t
$\sim 21/1$	2023				entative of a men			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)