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COVER LETTER

TO: Registration Division of (Section Corporations .		
	Tutchins LLC		•
		imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
	Nicole Mabin		
		Name of Person	
	321 Swim Academy LLO		
		Firm/Company	
	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Nicole Mabin Name of Person 321 Swim Academy LLC Firm/Company 1159 Sanddune Ln. Apt 201 Address Melbourne, FL 32935 City/State and Zip Code nch_1990@yahoo.com E-mail address: (to be used for future annual report notification) necerning this matter, please call: at (
		Address	
	Melbourne, FL 32935		
	nch_1990@yahoo.com	City/State and Zip Code	
		(to be used for future annual report not	ification)
For further information			
Nicole Mabin		n1 (
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Addres	s:	Semana A.A.I	

TO:

Registration Section
Division of Corporations 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

Nicole Hutchins LLC.		
(Name of the Lim	ited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	rds.)
he Articles of Organization for this Limited I	Liability Company were filed on 10/6/2021	and assigned
lorida document number L21000438122		
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company here:	
21 Swim Academy LLC		
ne new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS	
nter new mailing address, if applicable:		.,,,,,
Mailing address MAY BE A POST OFFICE	<u> </u>	
		[2] TO
		5
3. If amending the registered agent and/or	registered office address on our records, ente	er the name of the new regis
gent and/or the new registered office addr	ess here:	<u>;;</u>
		型 要
Name of New Registered Agent:	Nicole Carol Mabin	
New Registered Office Address:		<u> </u>
New Registered Office Address.	Enter Florida street addi	ress
		Elorida
	City	Florida Ziv 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
M/s.	Nicole C Mabin	1159 Sanddune Ln. Apt 201. Melbourne, FL 3293	5 ■Add
vicore g	are Ramisson		□Remove
to Crav	vse to man		□Change
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
		:	Change
			Remove
			□ Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change

because I got married and my new Social Security card has come. Can I also change the name	e from N	icole C	arol
Hutchins to Nicole Carol Mabin.		• •	
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ctive date, if other than the date of filing: (open fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date is listed.	tional)	9;;	في
If the date is used, the date must be specific and cannot be prior to date of filing or more than 90 days att If the date inserted in this block does not meet the applicable statutory filing requirements, the ment's effective date on the Department of State's records.	er tiling.) i his date w	rill not	t to-60 be ^t lis
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (filed.	(b) The	90th da	ı <u>v</u> aftı
d November 1 2021			
Matrix			
Signature of a member or authorized representative of a member			

Filing Fee: \$25.00