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COVER LETTER

TO: · Registration Division of O	i Section Corporations		
	Γ KIDS SWIM ACADEMY LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	KATARZYNA KUBSKA		
		Name of Person	
	BRIGHT KIDS SWIM A	ND RIDE ACADEMY LLC	
		Firm/Company	
	315 N 26th AVENUE		
		Address	-
	HOLLYWOOD, FLORID	PA 33020	
		City/State and Zip Code	
	kat@brightkidsswimming.c	com	
	E-mail address; (to be used for future annual report no	otification)
For further information	on concerning this matter, please c	rall:	
KATARZYNA KUB	SKA	312 525-0805	
Nan	ne of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Add</u> Registratio		Street Address: Registration S	ection
=	f Corporations	Division of Co	orporations
P.O. Box 6		The Centre of	
Tallahasse	e, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Clouds of Cartification of the Comment			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears Liability Company)	on our records.)	
ne Articles of Organization for this Limited Liability Company	were filed on	10/11/2021	and assigned
orida document numberL21000442467			-
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
RIGHT KIDS SWIM AND RIDE ACADEMY LLC			
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or the ab	obreviation "L.L.C."
iter new principal offices address, if applicable:	315 N 26th AVE	NUE	
rincipal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FLORIDA		
	33020		
nter new mailing address, if applicable:	315 N 26th AVE:	NUE	
failing address MAY BE A POST OFFICE BOX)	HOLLYWOOD, FLORIDA		
	33020		· -

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.

City

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
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□ Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change

is filed.								
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