## L22000059604

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SLORE JARY OF STAR DIVISION OF CURPURATION

T. MATTHEWS JUL 15 2022

## **COVER LETTER**

TO:

Registration Section

Divisio	n of Cor	porations		
NV SUBJECT:		swimsprout LLC		
SUBJECT:		Name of Lin	nited Liability Company	- <del>/</del>
The enclosed Ar	ticles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		Patricia Reams		
			Name of Person	
		NW Florida swimsprout 1.	LC	
			Firm/Company	
		5572 Marthas Mill Way		
		*	Address	<u> </u>
		Pace, FL 32571		
			City/State and Zip Code	*
		pattireamsswimsprout@gm		
		E-mail address: (	to be used for future annual report no	tification)
For further inform	mation co	oncerning this matter, please c	all:	
Patricia Reams			407 6174182	
	Name of	Person		ne Telephone Number
Enclosed is a che	eck for th	e following amount:		
□ \$25.00 Filing	g Fee	■ \$30.00 Fiting 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)
	Address ration S		<u>Street Address:</u> Registration Sc	ection
Division of Corporations			Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION THE EXTENSIONS OF ORGANIZATIONS OF CORPORATIONS

22 MAY 16 AM 9: 21

NW Florida swimsprout 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 L Florida document number 1.22000059604		were filed on <u>02/03/2022</u>	and assigned
This amendment is submitted to amend the foll			
A. If amending name, enter the new name o	f the limited liab	oility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	5572 Marthas Mill Way	
(Principal office address MUST BE A STREE		Pace, FL 32571	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office :	5572 Marthas Mill Way Pace, FL 32571  address on our records, ente	r the name of the new registered
	<del></del>		
Name of New Registered Agent:	Patricia Reams		
New Registered Office Address:	5572 Marthas N	Mill Way  Enter Florida street oddra	PSS
	Pace	F	Clorida 32571
		City	Zıp 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
MGR	Patricia Reams	5572 Marthas Mill Way	<b>=</b> Add
		Pace, FL 32571	□ Remove
			Change
MGR	John J Reams	5572 Marthas Mill Way	<b>≡</b> Add
		Pace, F1, 32571	□Remove
			Change
	NORTHWEST REGISTERED AG	7901 4TH ST N STE 300ST.	□Add
		PETERSBURG, FL 33702	■Remove
			□Change
			□Remove
~~			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
I filed	for an S-corp and would not like	
Northwest Re	gistered Agent to be on that either. Like to be under myself +	
Turvild	like en it to be under muself +	
	ns, just like the LLC.	
Joint Hea	1 W V	
	Thank You, Pottua Roamo	
	- Pottua Roamo	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
<del></del>		
	<del></del>	
Note: If the date inserted in th	the date of filing: 4-28-2022 (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 s block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.	
the record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	ihe
Dated April 28	2022	
<i>N</i> A	·	
Tatria	Signature of a member or authorized representative of a member	
	regulation a decision of administrated representative of a member	
Patricia Reams		

Typed or printed name of signee