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(Re	questor's Name)	
	_	
(Ad	dress)	
(Ad	dress)	
•	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
623		
	Office Use On	lv ()



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2023 JAH 13 AH 9: 35

2023 JAN 13 AN 9:3

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			4	
CHD IV	CT.	Freedom Swim Scho	ol		
SUBJE	C1;	Name of Lim	ited Liability Company	_	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	endence concerning this matter	to the following:		
			Jilian Navidonski		
			Name of Person		
			Freedom Swim School		
			Firm/Company		
			4635 Saint Croix La	ne #1222	
			Address		2023
			Naples, Florida 34109		2023 JAN 13 AM
			City/State and Zip Code		=
		E-mail address:	frswimschooln@gmail.co to be used for future annual repor		
For furt	her information c	oncerning this matter, please c		ŕ	9:35
	· · · · · · · · · · · · · · · · · · ·	Navidonski	239 at ()	464-7108	<u> </u>
	Name o	of Person	Area Code Da	aytime Telephone Number	
Enclose	d is a check for the	he following amount:			
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
	Mailing Address Registration	Section	Street Addres Registration	Section	
	Division of C	'ornorations	Division of	Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2022

JILIAN NAVIDONSKI 4635 SAINT CROIX LANE #1222 NAPLES, FL 34109

SUBJECT: FREEDOM SWIM SCHOOL, L.L.C.

Ref. Number: L22000330477

We have received your document for FREEDOM SWIM SCHOOL, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 622A00027078

023 JAN 13 AM 9:35

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Freedom Swim School		
(Name of the Limite	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
the Articles of Organization for this Limited Lia L220003304		July 26, 2022	_ and assigned
his amendment is submitted to amend the follow	wing:		
. If amending name, enter the new name of	the limited liability company her	<u>e</u> :	
ne new name must be distinguishable and contain the wo	rds "Limited Liability Company," the desi	ignation "LLC" or the abbre	viation "L.1C."
nter new principal offices address, if applica	ble:		202
rincipal office address MUST BE A STREET	ADDRESS)	·	ن س سرم
	1	5-4-2	. ==
		:C 	ω : ~~~
iter new mailing address, if applicable:		<u>نې</u> د	
lailing address MAY BE A POST OFFICE B	<u></u>	***	ک ب
			35
If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:			of the new registe
New Registered Office Address:	4635 Saint C	ROX LO + #	-1222
	Naples	, Florida	34109 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

<u>Title</u> MGR	<u>Name</u> Jilian Navidonski	Address 4635 Saint Croix Lane #1222 Naples Florida 34109	Type of Action
			Remove
			☐ Change
			□Remove
			□Change
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			20 CRemove
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			□Add
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and the state of t	
effective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) than 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this block does not meet the applicable statutory filing reument's effective date on the Department of State's records.	equirements, this date will not be listed a
·	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	he earlier of: (b) The 90th day after the
filed.	
1/2/2/22	
$\frac{1}{3}$ $\frac{1}{3}$ $\frac{1}{2023}$	9)
May May May	
Signature of a member or authorized representative of a	member

Filing Fee: \$25.00