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SECRETARY OF THE SECRET

C. LEWIS

JAN 9 2013

EXAMINER

## MyCorporation•

23586 Calabasas Rd. Suite 102 Calabasas CA 91302 Toll-Free, 888-692-6778 | Fax. 818-879-8005 Email customerservice@mycorporation.com

December 31, 2012

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: ARTICLES OF AMENDMENT: William Waters Designs, LLC

Ladies and Gentlemen:

Please find enclosed for filing duplicate executed originals of the Articles of Amendment for the above-referenced entity.

Also enclosed is a check in the amount of \$25.00 as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings
My Corporation Business Services, Inc.
23586 Calabasas Road, Suite 102
Calabasas, California 91302

PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO THE POST FORMATIONS DEPARTMENT AT 888-692-6771.

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	WILLIAM WAT	ERS DESIGNS, LLC	
SOBJECT:		ted Liability Company	
	f Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following.	
	F	Post Formation Filings	
		Name of Person	
		MyCorporation	
		Firm/Company	<del> </del>
	23586	Calabasas Road, Suite 102	
		Address	
	C	Calabasas, CA 91302	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	cation)
For further information	concerning this matter, please of		,
To raine moment	concerning and marror, presser c		
	Formation Filings	at \	224-7639
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
МАП	LING ADDRESS:	STREET/COURI	ER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEGRETARY OF STATE ON STONE OF CORPORATION

; ;

2013 JAN -8 PM 1: 14

WILLIA	M WATERS	S DESIGNS, I	LLC	<del></del>
(Name of the Limited (A	<u>Liability Compa</u> Florida Limited L	ny as It now appear. Jiability Company)	s on our records.)	
The Articles of Organization for this Limited Lie Florida document number		were filed on	04/28/2008	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here	<b>2</b> :	
Waters !	onic Architect	ture & Design, L	LC	
The new name must be distinguishable and end with "L.L.C."	n the words "Limi	ted Liability Compar	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	able:	745 KA	HUUA D	MUE_
(Principal office address MUST BE A STREE	T ADDRESS)	FLAMING	10 PARK	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		WEST PAUN AGACU, FZ 33401  AUS KANMUA DRIVE  FURMINICAD PARK  WEST PAUN AGACU, FZ 33401  Office address on our records, enter the name of the new		
registered agent and/or the new registered of			ur records, <u>emer</u>	the name or the new
Name of New Registered Agent:				
New Registered Office Address:	745 KM	ENULUA ME	LVE FLAMI er Florida street ad	My o Radic dress 33401
	LINESTP	Acm BEA	CU Florida	33401
	<del>***</del> ***	City	1	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 608, 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.

MGR = M MGRM =	anager Managing Member	Members on our records, enter the fallent noved from our records:  20/3  Address	PH 1: 11.
<u>Title</u>	Name	Address	Type of Action
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D. Ifamei	uding any other information, en	ter change(s) here: (Attach additional shee	
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Dated <u>JA</u>	HUBBLY 240	, 2013.	
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		f a member or authorized representative of a men	

Page 2 of 2

Filing Fee: \$25.00