

L/16 000 224 857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

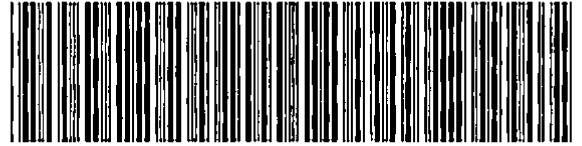
(Business Entity Name)

(Document Number)

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FILED  
19 JUL 16 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

*MAC*  
JUL 24 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WATER MANAGEMENT SOLUTIONS, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN E. WALLACE, ESQ.

\_\_\_\_\_  
Name of Person

THE WALLACE LAW GROUP, P.L.

\_\_\_\_\_  
Firm/Company

2240 WEST WOOLBRIGHT ROAD, SUITE 403

\_\_\_\_\_  
Address

BOYNTON BEACH, FL 33426

\_\_\_\_\_  
City/State and Zip Code

CELENA.WALLACELAW@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN E. WALLACE, ESQ.

561

877-6020

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing 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)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

SECRET  
19 JUL 66 AM 7:58  
and assigned  
FALLAH

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

and assigned

**A. If amending name, enter the new name of the limited liability company here:**

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	BARBARA HIGGINS	2240 W. WOOLBRIGHT ROAD, SUITE 403	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33426	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
COO	FABIAN BARREDA	18383 NE 4TH COURT	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

y 10th \_\_\_\_\_ 2019 \_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee

Please use return address-

2240 West Woolbright Road

Boynton Beach, FL 33426

Daytime phone number is – 561-877-6020

This is a request for change of address and removal of COO