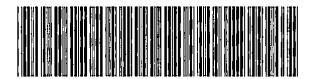
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COVER LETTER

ANAGEMENT SOLUTIONS	S, LLC		
Name of Lim	ited Liability Company		
Amendment and fee(s) are sub	mitted for filing.		
ndence concerning this matter	to the following:		
STEVEN E. WALLACE, ES	SQ.		
Name of Person THE WALLACE LAW GROUP, P.L.			
2240 WEST WOOLBRIGH	Firm/Company T ROAD, SUITE 403	·	
	Address		
BOYNTON BEACH, FL 33-	426		
CELENA.WALLACELAW@	City/State and Zip Code GMAIL.COM		
	·	cation)	
E, ESQ.	at ()		
f Person	Area Code Daytime	Telephone Number	
ne following amount:			
■ \$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 radditional copy is enclosed)	
	Name of Lim Amendment and fee(s) are sub indence concerning this matter STEVEN E. WALLACE, ES THE WALLACE LAW GRO 2240 WEST WOOLBRIGH BOYNTON BEACH, FL 334 CELENA.WALLACELAW@ E-mail address: (oncerning this matter, please ca E, ESQ. (Person the following amount: \$\Begin{align*} \text{S30.00 Filing Fee & } \text{\$\text{Concerning Fee & } \text{\$\text{\$\text{Concerning Fee & } \$\text{\$\t	Amendment and fee(s) are submitted for filing. Indence 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 oncerning this matter, please call: E. ESQ. The person at () Area Code Daytime \$\frac{561}{\text{Area Code}}\$ \text{ Daytime}\$ The following amount: \$\mathbb{\text{Certified Copy}}\$ \text{ Certified Copy}	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WATER MANAGEMENT SOLUTIONS, LLC

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	19 J
The Articles of Organization for this Limited Liability Company Florida document number L16000224857	were filed on 12/12/16	and assigned 二
This amendment is submitted to amend the following:	7 7	
A. If amending name, enter the new name of the limited liab	oility company here:	. (1) . (2)
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "E.E.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2240 West Woolbright Roa	d
(Principal office address MUST BE A STREET ADDRESS)	403	 _
	Boynton Beach, FL 33426	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	- - -	
	Enter Florida street addre	20
		lorida
	City	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>	<u>Name</u>	Address	Type of Action
MGR	BARBARA HIGGINS	2240 W. WOOLBRIGHT ROAD, SUITE 403	
		BOYNTON BEACH, FL 33426	L Aud
			Remove
			🖨 Change
C00	FABIAN BARREDA	18383 NE 4TH COURT	
		MIAMI, FL 33179	Add
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
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			□ Remove
			🗆 Change

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ective date, if other than the	e date of filing:	(optional) f filing or more than 90 days after filing.) Pursuant to 605.02
<u>e:</u> If the date inserted in this t	block does not meet the applicable stat Department of State's records.	utory filing requirements, this date will not be listed
record specifies a delaye he 90th day after the re		fective time, at 12:01 a.m. on the earlier
July 10th	. 2019	<i></i>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

Please use return address2240 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