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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WATERVIEW PRESERVE MANAGER LLC

Certificate of Status	0
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Page Count	04
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SEP 2 9 2020

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WATERVIEW PRESERVE MANAGER LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company))	
The Articles of Organization for this Limited Liability Cor Florida document number L19000292883		and assigned	
This amendment is submitted to amend the following:	-		
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
		PS	
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or registered	office address on our records, enter t	he name of the new registered	
agent and/or the new registered office address here:			
No. of New Designand Assets			
Name of New Registered Agent:	CONT. 1. 1. 2.111CO. 1. 1. 1. 2.111CO. 1. 1. 1. 2.11.171.		
New Registered Office Address:	New Registered Office Address: Enter Florida street address		
	Flo	, Florida	
	City	orida Zip Code	
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent a	md agree to act in this capacity. I fur	ther agree to comply with the	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compty 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 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	ARCHWAY PARTNERS, LLC	475 BRICKELL AVE APT 2215	■Add
		MIAMI, FL 33131	□Remove
		□Add	
		☐ Remove	
			☐ Change
		Remove	
			Change
		ClAdd	
		□Remove	
			☐ Change
		□Add	
		Remove	
			☐ Change
			🗀 Add
			Remove
			- Change

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Filing Fee: \$25.00

Typed or printed name of signee