

170 000017507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

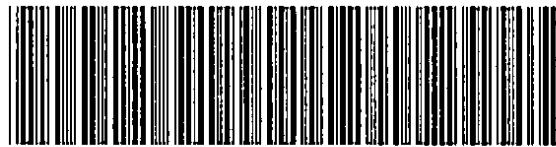
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/02/21--01012--017 **25.00

2021 DEC -2 PM 2:11

Amend

DEC 21 2021
ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALPHA WATER 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:

NAIZA REYES
Name of Person

ALPHA WATER
Firm/Company

304 ALEXZANDER WAY
Address

WINTER HAVEN FL 33881
City/State and Zip Code

reyesnaiza@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAIZA REYES at (407) 738-1641
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2021/05/22 P11 2:11

ALPHA WATER LLC

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

and assigned

The Articles of Organization for this Limited Liability Company were filed on 01/06/2020

Florida document number L20000012507

This amendment is submitted to amend the following:

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

_____ The
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

304 ALEXZANDER WAY

(Principal office address MUST BE A STREET ADDRESS)

WINTER HAVEN FL 33881

Enter new mailing address, if applicable:

304 ALEXZANDER WAY

(Mailing address MAY BE A POST OFFICE BOX)

WINTER HAVEN FL 33881

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NAIZA REYES

New Registered Office Address:

304 ALEXZANDER WAY

Enter Florida street address

WINTER HAVEN

New Registered Agent's Signature, if changing Registered Agent:

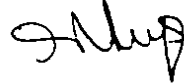
Florida 33881

City

Zip Code

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.

Changing Registered Agent, Signature of New Registered Agent



if NRT

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	ELVIS DIAZ REYES	304 ALEXZANDER WAY	<input type="checkbox"/> Add
		WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NAIZA REYES	304 ALEXZANDER WAY	<input type="checkbox"/> Ad
		WINTER HAVEN FL 33881	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

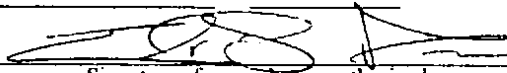
E. **Effective date, if other than the date of filing:** 01/06/2020 **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated OCTOBER, 27, 2021


Signature of a member or authorized representative of a member

ELVIS DIAZ REYES
Typed or printed name of signee

Filing Fee: \$25.00