

L22000211651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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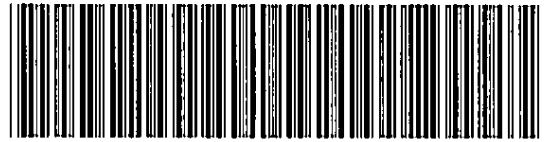
(Business Entity Name)

(Document Number)

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FILED
2022 JUN 10 AM 7:59
TALLAHASSEE, FLORIDA

AUG 26 2022

S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ULIMITED WATER 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:

SYLVIA ALVAREZ

Name of Person

BLUE OCEAN MULTI-SERVICES

Firm Company

516 JOEL BLVD, UNIT 6

Address

LEHIGH ACRES, FL 33936

City/State and Zip Code

SYLVIALVAREZ01@MSN.COM

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

For further information concerning this matter, please call:

SYLVIA ALVAREZ

239

645-0375

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 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**

UNLIMITED WATER SOLUTIONS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/04/2022 and assigned
Florida document number L22000211651

FILED
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This amendment is submitted to amend the following:

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

UNLIMITED WATER SOLUTIONS LLC

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:

3307 20TH ST SW

(Principal office address MUST BE A STREET ADDRESS)

LEHIGH ACRES, FL 33976

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

EDWARD SCOTT INMAN, JR

New Registered Office Address:

3307 20TH ST SW

Enter Florida street address

LEHIGH ACRES

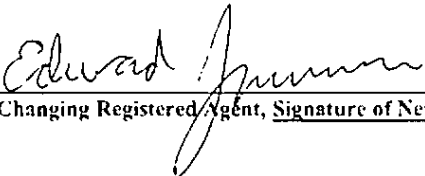
City

Florida 33976

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.


Edward Scott Inman, Jr.
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>	<u>Address</u>	<u>Type of Action</u>
MGR	EDWARD S. INMAN	3307 20TH ST SW	☐ Add
		LEHIGH ACRES, FL 33976	☒ Remove
			☐ Change
MGR	EDWARD SCOTT INMAN, JR	3307 20TH ST SW	☒ Add
		LEHIGH ACRES, FL 33976	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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E. Effective date, if other than the date of filing: _____ (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 JUNE 6 2022

Edward J. ...

Signature of a member or authorized representative of a member

EDWARD SCOTT INMAN, JR

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2022 JUN 10 AM 7:59

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