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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 Phone : (770)777-2091

Fax Number : (770)220-1943

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

Email	Address:	

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION WATER BAGELS 247 LLLP

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J. HARRIS

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COVER LETTER

and Certificate of Status STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle and Certified Copy Certified Copy, and Certified Copy, and Certified Copy Registration Section Division of Corporations Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	TO: Registration Section Division of Corporati	ons		
The enclosed Certificate of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Sharon K. Gray Contact Person Triad Professional Services, LLC Fim/Company 1720 Windward Concourse, Ste. 390 Address Alpharetta, GA 30005 City, State and Zip Code Jbaden@trladpros.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sharon K. Gray Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: S\$2.50 Filing Fee S\$61.25 Filing Fee and Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314	SUBJECT:	WATER E	BAGELS 247 LI	LP
Sharon K. Gray Contact Person Triad Professional Services, LLC Firm/Company 1720 Windward Concourse, Ste. 390 Address Alpharetta, GA 30005 City, State and Zip Code jbaden@triadpros.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sharon K. Gray Name of Contact Person Enclosed is a check for the following amount: S\$2.50 Filing Fee S\$61.25 Filing Fee and Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations Cliffon Building P. O. Box 6327 Tallahassee, FL 32314	Name of Flo	rida Limited Partner	ship or Limited Liabilit	y Limited Partnership
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2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 32301	Tallahassee, FL 32301		rananassee, i	L 34314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Insert name currently of	BAGELS 247 on file with Florida De	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cer 03/06/2013, assigned adopts the following certificate of amendment. This amendment is submitted to amend the following	rtificate was filed Florida document to its certificate of	with the Florida Department number A13000000	of State on
A. If amending name, enter the new name of there:	_	hip or limited liability limited	d partnership
New name must be disting	uishable and contain	an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnership suffixes Limited Partnership suffix B. If amending mailing address and/or principal office address here:	es; Limited Liability l	Limited Partnership, L.L.L.P. or L	
New Principal Office Address: (Must be STREET address)			 -
New Mailing Address: (May be past office box)			
C. If amending the registered agent and/or reg new registered agent and/or the new registered o		ess on our records, enter the	name of the
Name of New Registered Agent:	······································		· —
New Registered Office Address:	Enter I	Norida street address	# # DIVIS
		, Florida	
	Ciţv	Zip Code	29 J
	Page 1 of 3		## 10: 41 90: 22:00 90: 20: 20: 20: 20: 20: 20: 20: 20: 20: 2
		(((H14000179229) 3)))) - ^{7//} /

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
GP	MD/NA GP LLC	201 North U.S. Hwy. One Ste. C-5	Add ✓ Remove
<u>GP</u>	M14000005315 Brooklyn Water Enferprises GP, LLC	Jupiter, FL 33477 201 North U.S. Hwy, One Ste. C-5 Jupiter, FL 33477	-
			Add Remove
	***************************************		Add 1 VISIO
	<u> </u>		Add 29 95
**************************************			Add D Remove
	ed partnership or limited liability rship" status, enter change here:	limited partnership is amend	ling its "limited liability

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

	
ffective date, if other than the date of filing:	
ffective date cannot be prior to nor more than 90 days after the date this document is fi ate.)	led by the Florida Department of
ignature(s) of a general partner or all general partners*:	
	imitad puetnerchin is adding or
*NOTE: Only one current general partner is required to sign this document unless the landwing a "limited liability limited partnership" election statement. Chapter 620, F.S., refer adding or removing a "limited liability limited partnership" election statement.)	equires all general partners to sign
4D/NA CD LLC Constal Portion	
MD/NA GP LLC, General Partner	
Priestel Waglon	
Priestel Winglow	
MD/NA GP LLC, General Partner A Price La Diaglo 12. By: Michael D'Angelo, Manager	
by: Michael D'Angelo, Manager	
y: Michael D'Angelo, Manager	14
y: Michael D'Angelo, Manager ignature(s) of all new or dissociating general partner(s), if any:	14 JU
y: Michael D'Angelo, Manager ignature(s) of all new or dissociating general partner(s), if any: rooklyn Waler Enterprises GP, LLC General Pariner	14 JUL 29
y: Michael D'Angelo, Manager ignature(s) of all new or dissociating general partner(s), if any: rooklyn Waler Enterprises GP, LLC, General Pariner y: Brooklyn Waler Enterprises LLC, its Sola Member	<u>\$</u>
by: Michael D'Angelo, Manager ignature(s) of all new or dissociating general partner(s), if any: rooklyn Waler Enterprises GP, LLC General Pariner y: Brooklyn Waler Enterprises LLC, its Sola Member	
y: Michael D'Angelo, Manager ignature(s) of all new or dissociating general partner(s), if any: rooklyn Waler Enterprises GP, LLC, General Pariner y: Brooklyn Waler Enterprises LLC, its Sola Member	9