

# A1300000121

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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/LLP AMENDMENT/RESTATEMENT/CORRECTION  
WATER BAGELS NC 1 LLLP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WATER BAGELS NC 1 LLLP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

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

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

at ( 770 ) 777-2091

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee      ☐ \$61.25 Filing Fee and Certificate of Status      ☐ \$105.00 Filing Fee and Certified Copy      ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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 SECRETARY OF STATE  
 OFFICE OF THE CLERK

**CERTIFICATE OF AMENDMENT  
 TO  
 CERTIFICATE OF LIMITED PARTNERSHIP  
 OF**

**WATER BAGELS NC 1 LLLP**

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 03/06/2013, assigned Florida document number A13000000121, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

*(Must be STREET address)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

New Mailing Address:

*(May be post office box)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. 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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*Zip Code*

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 SECRETARY OF STATE  
 FLORIDA

**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:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	MD/NA Restaurant Fund I GP LLC	201 North U.S. Hwy. One Ste. C-5 Jupiter, FL 33477	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Brooklyn Water Enterprises GP, LLC M4-5315	201 North U.S. Hwy. One Ste. C-5 Jupiter, FL 33477	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."  
☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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

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

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Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

MD/NA Restaurant Fund I GP LLC, General Partner

X Michael D'Angelo

By: Michael D'Angelo, Manager

**Signature(s) of all new or dissociating general partner(s), if any:**

Brooklyn Water Enterprises GP, LLC, General Partner

By: Brooklyn Water Enterprises, LLC, its Sole Member

X Michael D'Angelo

By: Michael D'Angelo, COO

Filing Fee: \$52.50  
 Certified Copy (optional): \$52.50  
 Certificate of Status (optional): \$8.75