

Division of Corporations

Page 1 of 2

A130000433
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.

(((H14000179231 3)))



H140001792313ABC

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 : I20C20CC0094
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 1790 CONGRESS AVENUE, LLLP**

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

RECEIVED
14 JUL 29 PM 3:14
STATE OF FLORIDA
TALLAHASSEE

FILED
2014 JUL 29 AM 8:45
STATE OF FLORIDA
TALLAHASSEE

Electronic Filing Menu Corporate Filing Menu

Help

JUL 30 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WATER BAGELS 1790 CONGRESS AVENUE, 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

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 2014 JUL 29 AM 8:45
FILED

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

WATER BAGELS 1790 CONGRESS AVENUE, 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 08/19/2013, assigned Florida document number A13000000433, 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

FILED
2014 JUL 29 AM 8:45
CLERK OF STATE
TALLAHASSEE, 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 M14000005315	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.)

2014 JUL 29 AM 9:45
 FILED
 STATE OF FLORIDA
 CLERK OF THE BOARD OF REGISTRATION
 PROFESSIONAL REGULATION

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

Four horizontal lines for amending information.

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

2014 JUL 29 AM 8:45
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND BUSINESSES

FILED