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SECRETARY OF STATE

T. HAMPTON
SEP - 9 2008

EXAMINER

COVER LETTER

SUBJECT: WATERS LIC
(Name of Limited Liability Company)
The enclosed Articles of Amendment and fce(s) are submitted for filing. Please return all correspondence concerning this matter to the following: WHERS, Penney L (Name of Person) WATER PAINTEHO 71 3422
Name of Person) WAterS LC (Firm/Company) PO Prox 296
(Address) Ellerton 71 34222 (City/State and Zip Code)
For further information concerning this matter, please call:
Milthael Ribto at 94,518 2087 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section,

Division of Gorporations

TO:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Waters LC	
(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 912/08 Florida document number 49030.	and assigned
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 end with the words "Limited Liability Company," the designation "L.L.C."	LLC" or the abbreviation
Enter new principal offices address, if applicable:	SECE
(Principal office address MUST BE A STREET ADDRESS)	SF T
	RY OF S
Enter new mailing address, if applicable:	SA 53
(Mailing address MAY BE A POST OFFICE BOX)	- Σ Ε <u> </u>
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the name of the new
Name of New Registered Agent:	
New Registered Office Address: (Enter Florida street ad	idress)
, Florida	
(City) New Registered Agent's Signature, if changing Registered Agent:	(Zip Code)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, being filed to merely reflect a change in the registered office address, I hereby confirm that the li	am familiar with and , if this document is

(If Changing Registered Agent, Signature of New Registered Agent)

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
ALE	Michael Pilato	2811 94th St.E PAIMEND 71 34221	Add Remove
SME	DAMMY DEFEE	2813 94th St-E PAIMEHO 71 34221	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if neces	FILED 08 SEP -8 PM 12: 35 SECRETARY OF STATE TALLAHIASSEE, FLORIDA
Dated	Signature of a me	ember or authorized representative of a member ADIEL yped or printed name of signee	
	MICHAGI FICATO	yped or printed name of signee	fee_

Page 2 of 2

Filing Fee: \$25.00