

L05000025933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

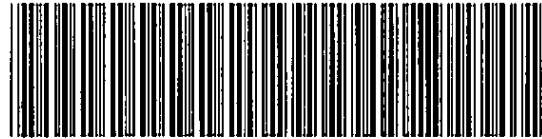
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

38

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: West Coast Water Tech, 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:

Eryn Franchini
Name of Person
West Coast Water Tech, LLC
Firm/Company
PO Box 2688
Address
Land O Lakes, FL 34639
City/State and Zip Code
echidd@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

FD

For further information concerning this matter, please call:

Eryn Franchini at (614) 419-0624
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**

WEST COAST WATER TECH, 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 03/15/2005 and assigned Florida document number L05000025933.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

23623 Coral Ridge Ln

Land O Lakes, FL 34639

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 2688

Land O Lakes, FL 34639

2005 JUN 15 AM 8:51
 FEDERAL RESERVE BANK
 LAND O LAKES, FL 34639

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: Eryn Franchini

New Registered Office Address: 23623 Coral Ridge Ln

Enter Florida street address

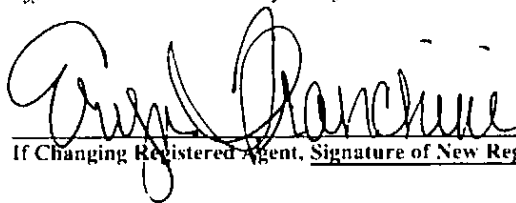
Land O Lakes, Florida 34639

City

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.



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>
MGRM	LOREN STAKER	23713 CORAL RIDGE LN	<input type="checkbox"/> Add
		LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ROBIN STAKER	23713 CORAL RIDGE LN	<input type="checkbox"/> Add
		LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ERYN FRANCHINI	23623 CORAL RIDGE LN	<input checked="" type="checkbox"/> Add
		LAND O LAKES, FL 34639	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 FALL HAVEN, FL 34639

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: JANUARY 6, 2023 (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 January 6, 2023

[Handwritten Signature]

Signature of a member or authorized representative of a member

ERYN FRANCHINI

Typed or printed name of signer

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ED