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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	_
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS

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COVER LETTER

Division of Cor		•	
Myrback V	Vaterside LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Angie May		
		Name of Person	
	EMS Consulting		
		Firm/Company	
	5550 W Executive Dr. Suit	te 450	
		Address	
	Tampa, FL 33609		
		City/State and Zip Code	
	amay@consultems.com		
		to be used for future annual report not	ilication)
For further information	concerning this matter, please ca	all:	
Angie May		813 287-2486 at ()	
Name	of Person	Area Code Daytin	ne 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)
<u>Mailing Addro</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of 0	Corporations	Division of Co	rporations
P.O. Box 63	27	The Centre of	Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) hability Company)	
were filed on 6/21/2007	and assigned
ility company here:	
ity Company," the designation "LLC" or the	abbreviation "L.L.C."
n/a	
n/a	
address on our records, <u>enter the na</u>	me of the new registered
	2022 S
Enter Florida street address	2022 NOT 15 Flate 2
, Florida _	<u>対:</u> 5 <u>[1]</u>
City E	2. Zip Code (1)
	ility company here: ity Company," the designation "LLC" or the and and address on our records, enter the national designation of the and address and astreet address

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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
AMBR	BR Alexix Myrback	4403 W Azeele Ave	□Add
		Tampa. FL 33609	≣ Rелюче
			Change
			□ Add
			□Remove
			□ Change
		_	□Add
			Пенюve
			□Change
			□ Add
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		-	□Add
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ffective date, if other than the an effective date is listed, the date mus	st be specific and cannot be prior to ock does not meet the applical	o date of filing or more than 90 d ble statutory filing requireme	_ (optional) ays after filing.) Pursuant to 605,0207 atts, this date will not be listed as
Note: If the date inserted in this blooment's effective date on the Do	•		
vote: If the date inserted in this bit		ne, at 12:01 a.m. on the earlic	er of: (b) The 90th day after the
locument's effective date on the Defective description of the descript	e date, but not an effective tim	ne, at 12:01 a.m. on the earlic	er of: (b) The 90th day after the
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record specifies a delayed effective date of the Delayed effective	e date, but not an effective tim		