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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: _ Crystalline Water L.L.C.			
(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:			
Richard Pollack (Name of Person)			
Crystalline Water L.L.C.			
223 GOOLSBY BLUD.			
(Address)			
DEERFIELD BEACH, FL 3344Z			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Richard Pollack 561, 797-2313			
at ( <u>St)                                    </u>			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}			

MAILING ADDRESS: 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

ARTIC	CLES OF ORGANIZATION	PH 2.03
	OF	20 10N
Crystallin	e Water L.L.	• · · · · · · · · · · · · · · · · · · ·
(Name of the Limited L (A F	iability Company as it now appears on ou lorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab		2008 and assigned
Florida document number <u>L0800001</u>	3532	
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	e designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office	•	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
•	(Enter Florida street address)	
		_, Florida
	(City)	(Zin 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 608, 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 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 = Manager

MGRM = Managing Member

**Type of Action Address Title** Name MGRM DONALD Palmer Remove Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Pouscic Typed or printed name of signee ICHARD

Page 2 of 2

Filing Fee: \$25.00