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PICK-UP WAIT MAIL				
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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJE	СТ:	Sweet (Name of Limi	Water Rentals, LL(		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
			Brandon Knox (Name of Person)		
Sweet Water Rentals (Firm/Company)					
	224 Loslot, By Dr (Address)				
			RB, FL 32459 (City/State and Zip Code)		
For furt	her information c	oncerning this matter, please ca	ali:		
Brandon Knox at (850) 855. 6030 (Name of Person) (Area Code & Daytime Telephone Number			CS O elephone Number)		
Enclose	ed is a check for th	e 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

08 AUG 29 AM 10: 20

SECRETARY OF STATE TALLAHASSEE FLORIDA

Sweet Water Rev	Hals, LLC	TALLAHASSEE PLURIUM		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	' as it now appears on	our records.)		
The Articles of Organization for this Limited Liability Company w	vere filed on <u>Aus</u>	und assigned		
Florida document number <u>∠080000 77184</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company here:			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
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:				
•				
New Registered Office Address:	(Enter Florida street address)			
	Florida			
<del></del>	(City)	, Florida(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 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

**Address Type of Action** <u>Title</u> Name Gerard Perillo MGR 12273 Emerald Coast Pluy, Suite 107 Dessin, FC 32550 Remove Remove Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Aug 26 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00