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SEGRETARY OF STATE
AND AHASSEE, FLORIDA

T. CLINE 0CT - 1 2008

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporati	ons				
SUBJECT:	weet Water (Name of Limit	Rentals, LLC ed Liability Company)	<del></del> .		
The enclosed Articles of Amend	dment and fee(s) are subn	nitted for filing.			
Please return all correspondence	e concerning this matter to	o the following:			
	Bro	ndun Knor (Name of Person)			
_		(Firm/Company)			
	224 Loblolly Bay 1- (Address)				
		BL FL 31459 (City/State and Zip Code)			
For further information concern	ing this matter, please ca	It:			
Brandon K (Name of Perso	hox	at ( <i>\$50 ) 855-603</i> 0	)		
(Name of Perso	at ( 550 ) 555-6030  (Area Code & Daytime Telephone Number)				
Enclosed is a check for the folk	owing amount:		SECRETALLAH SEP		
\$25.00 Filing Fee \$\bigcup\$\$	30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & 30 Certified Copy (additional copy (Senctaged))  Output  Outpu		
MAILING A Registration S		STREET/COURIER Registration Section	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Florid	Water Rentals ility Company as it no da Limited Liability Co	w appears on our recor	<u>ds.</u> )
The Articles of Organization for this Limited Liability Florida document number		ion <u>Aug 12, Ja</u>	and assigned
<i>3</i>			
This amendment is submitted to amend the following	<b>;</b> :		
A. If amending name, enter the new name of the I	limited liability comp	pany here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liabili	ty Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
	*****		<del> </del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	,	,
B. If amending the registered agent and/or registered	gistared office addr	eass on our records	onter the name of the new
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		ess on our records,	PSEC 2008
Name of New Registered Agent:			ARETA SEP
New Registered Office Address:			30 SSE
The Tropistered Office Addition.		(Enter Florida st	reet address)
		, Flor	
	(City)		Zip Cone)

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 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

<u>Address</u> **Type of Action** <u>Title</u> <u>Name</u> Gerard Perillo MGR 12173 Enerald Coast Play Suite 107 Ristin, FL 32550 \_ Add Remove MGR 224 65/01/4 Bey Dr SRB, FL 32459 Remove ☐ Add Remove \_ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00