L09000037438

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MC 1-9-19-

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	T: Aoverterous Water Women LLC Name of Limited Liability Company	
The enc	osed Articles of Amendment and fee(s) are submitted for filing.	
Please r	turn all correspondence concerning this matter to the following:	
	GAI ellis Name of Person	
	Lighthouse Coaching 4 you, LIC	
	1101 Kiver Reach DR, #512	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furt	cr information concerning this matter, please call:	
	Ail ells at (954) 593-9377 Name of Person Area Code Daytime Telephone Number	
	is a check for the following amount:	
323	00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Aprenterous Worker u	Jones, LLC
(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 09 0000 37 438</u>	were filed on April 17, 2009 and assign
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Limited Li	ty Company," the designation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applicable:	1101 FIVE REACH LR.
(Principal office address MUST BE A STREET ADDRESS)	1101 River Reach Dr. #512 F4: Lowoerose, PL 33.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed from our records.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
			□ Remove
			☐ Change
			Remove
			☐ Remove
			Change
	- 		
		/	☐ Remove
			☐ Change
			□ Add
			Remove
		/ 	☐ Change
			□ Add
			Remove
			☐ Change

6/2/10
E. Effective date, if other than the date of filing: (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
(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.) Fursiant to 603 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
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 earlie
(b) The 90th day after the record is filed.
Dated 6/20 2019
Dated
C_{M}
Signature of a member or authorized representative of a member
gail ellis
Typed or printed name of signee

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Filing Fee: \$25.00