Lcquollo362

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

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SUBJE	Division of Corporations UBJECT: PALM BEACH BACK FLOW LLC 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: ARKIE GALBALL Name of Person Firm/Company PALC COVE LOW CIR. Address BOUNTIN BELL 33473 City/State and Zip Code ARKIE CO GALBALL COM E-mail address: (to be used for future annual report notification)			
The enc	Division of Corporations SUBJECT: PAR BEACH BACK Flow UCC 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: ARKIC CARABAM Name of Person Firm/Company PULL COVE POINT CIP. Address BOYATTA BEAL JO COMPANY City/State and Zip Code ARKIE CO GAMALOCOM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARKIE CARABAM Name of Person at (561 B39-0809 Daytime Telephone Number			
Please r	eturn all corresponder	ce concerning this matter t	o the following:	
	Division of Corporations SUBJECT: PALM BEACH BACK FLOW LLC 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: ARKIC GABBALL Name of Person Firm/Company PUL Cove Point Cir. Address Boynton Bell. 33472 City/State and Zip Code ARKIC GABBALL E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARKIC GABBALL Name of Person Area Code Daytime Telephone Number			
			Name of Person	
	_		Firm/Company	
	_	9216 Coll	EPOINT CIR.	_
			Address	
	-	BOYNTUN	Bch. Fl. 33	472
	_	ARKIEC	@ GNA/ CiM	
		E-mail address: (t	o be used for future annual report notifica	ation)
For furt	her information conce	rning this matter, please ca	ill:	
HR	KIE CARAK Name of Per	son son	at (<u>56/</u>) <u>839 -</u>	- 0809 Telephone Number
			,	•
Enclose	ed is a check for the fo	llowing amount:		
\$25	i.00 Filing Fee C		Certified Copy	Certificate of Status &

MAILING ADDRESS:

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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



December 3, 2015

ARKIE CARABALLO 9216 COVE POINT CIRCLE BOYNTON BEACH, FL 33472

SUBJECT: PALM BEACH BACKFLOW, LLC

Ref. Number: L09000110362

We have received your document for PALM BEACH BACKFLOW, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are Amending the name complete (A) of the Amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 115A00025321

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL.ED 2015 DEC 18 AM 10: 47

PAIM BEACH BY (Name of the Limited Liability Compa (A Florida Limited I	SECRETARY OF STATE CLATTANA CLATASSEE, FLORIDA ny distinow appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>Logocoles (636.)</u> .	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable AGUA So (UTIONS + MANAGE) The new name must be distinguishable and contain the words "Limited Liabile and Contain the words".	MENT LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	AQUA SOLUTIONS + MANAGEMENT 9216 COVE POINT CIR. LL B.B. C. 3347]
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	<u>\$/</u> A/A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: /////	Enter Florida street address , Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	

If Changing Registered Agent, Signature of New Registered Agent

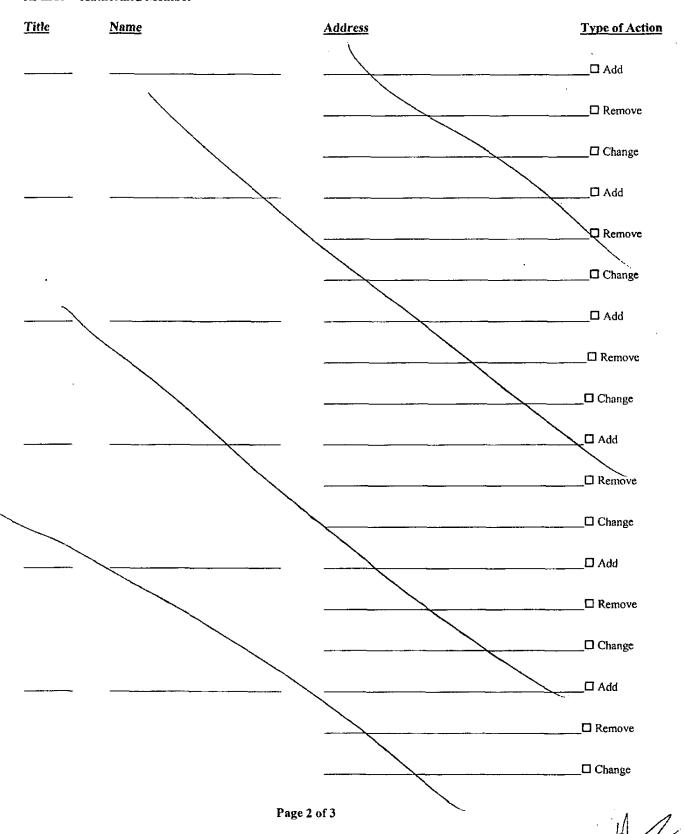
Page 1 of 3

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



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Effective date, if other than the date of filing:	11-30-15	(antional)	
(If an effective date is listed, the date must be specific and ca	annot be prior to date of filing or more than 90	(optional) days after filing.) Pursuant to	605.0207 (3)(b)
Note: If the date inserted in this block does not me document's effective date on the Department of Sta		nents, this date will not be	listed as the
the record specifies a delayed effective da	te, but not an effective time, at	12:01 a.m. on the ea	arlier of:
) The 90th day after the record is filed.			
Dated//30/18			
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Mile ("are	acco		_
Signature of a me	ember or authorized representative of a memb	per	
HRKIE CARARI	2110		
	yped or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00