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(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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TALLAHASSEE, FLORID

J. BRYAN

SEP 21 2010

EXAMINER

COVER LETTER

TO: Registratio Division of	n Section Corporations				
SUBJECT:	}				
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corr	espondence concerning this matte	er to the following:			
		Sandra Bell-Lindsey			
	***************************************	Name of Person			
	Amer	ican Water Treatment, L	LC		
		Firm/Company	TALCO O		
		Address	SEP 20 PM 3: 16 CLAMASSEE, FLORIDI		
		Seminole, FL 33772			
	City/State and Zip Code				
	E-mail address:	(to be used for future annual report			
For further informati	on concerning this matter, please	call:			
, Sa	andra Bell-Lindsey	at (727)	348-3536		
Na	me of Person	Area Code & D	Paytime Telephone Number		
Fundamed in a character	C				
	for the following amount: (a) \$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is enc	Certificate of Status &		
MAILING ADDRESS: Registration Section		Registration 5			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limiter	rican vvater Liability Compa	I reatment, LL ny as it now appears	on our records.)		
	Florida Limited L	Liability Company)			
The Articles of Organization for this Limited L Florida document numberL1000003		were filed on	April 5, 2010	and assigned	
This amendment is submitted to amend the following	owing:		ŗ	1000	
A. If amending name, enter the new name of	f the limited liab	ility company here	:	SEP 20 PH 3:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Compan	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		12233 91st Avenue			
(Principal office address MUST BE A STREET ADDRESS)		Seminole, FL 33772			
Enter new mailing address, if applicable:		12233 91st Avenue			
(Mailing address MAY BE A POST OFFICE BOX)		Seminole, FL 33772			
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her	<u>e</u> :	ur records, <u>enter t</u>	ne name of the nev	
Name of New Registered Agent:	Sandra Bell-Lindsey				
New Registered Office Address:					
	Enter Florida street address				
		Seminole	, Florida	33772	
		City		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 Type of Action **Address Title** <u>Name</u> MGR Lindsey, Gary 5211 5th Ave South ☐ Add St. Petersburg, FL 33707 ✓ Remove S Lindsey, Gary 5211 5th Ave South ☐ Add ✓ Remove St. Petersburg, FL 33707 Bell-Lindsey, Sandra Mgr ✓ Add 12233 91st Avenue Seminole, FL 33772 ☐ Remove ∏Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar 2010 Dated Signature of a member or authorized representative of a member Sandra Bell-Lindsey Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00