1100000 49624

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
·	·	
(Cit	y/State/Zip/Phone	- #)
(0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>-</i> ,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
(55	,	
Cartifical Causian	Contification	a of Chabita
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		





500282763485

03/02/16--01009--002 **25.00

FILED

16 MAR -2 PH 3: 04

SECRETARY OF STATE A

VALLAHASSEE, FI ORIE A

MAR O 4 2016
J. HARRIS

COVER LETTER

SUBJECT:	VeekWATER RE Name of Lim	444 LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	3 drugthau	Name of Person	
	Greekw	Firm/Company	
	2759	Berkley Rd	
•	_	Address Lity/State and Zip Code	<u></u>
	bryon & E-pail address: (i	City/State and Zip Code Derector Attendant Library Code On City/State and Zip Code On City/State and Zip Code	Renty. com
For further information co	ncerning this matter, please ca	all:	
Sohnatha	n B. Dyess	at 863) 701-70	600
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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:

TO:

Registration Section
Division of Corporations

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**

lveckuster.		
(<u>Name of the Limited Liability Compai</u> (A Florida Limited L	iability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	5/7/10 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company h	ere:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the o	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2759	Berkley Pd
(Principal office address MUST BE A STREET ADDRESS)	Aubu	Berkley Pd undale, FL 33823
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		our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
,	Enter Flo.	rida street address
	C:	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
trew registered Agent 5 Signature, it 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 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.

	SEC	i 6	
If Changing Registered Agent, Signature of New	Registered	I Agent	42 CHESTS
Page 1 of 3	SSKY 0	2	greens)
	: ST	P# 3:	Ö
	REFE	40	

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

Title AMBR	Name Sarah K Dyess	Address 2759 Berkley Rd Auburndale, Fc 33823	Type of Action
			□ Remove
			☐ Change
		· -	Add
			□ Remove
		···	Change
<u></u>			Add
		 	□ Remove
9			□ Change
			□ Add
		ALL A	1
			Remove
			□ Change □ Add
:			Remove

lf amen	ling any other information, enter char	nge(s) here: (Attach additional shee	ts, if necessary.)

_			
_			
_			
If an effect Note: If	e date, if other than the date of filing: _ ive date is listed, the date must be specific and can the date inserted in this block does not mee t's effective date on the Department of State	nnot be prior to date of filing or more than 90 It the applicable statutory filing requiren	nents, this date will not be listed as
	rd specifies a delayed effective dat Oth day after the record is filed.	e, but not an effective time, at	12:01 a.m. on the earlier of
		ρ	16 SEC
Dated _	2/16/16	//	HAR CRET LAHA
	•	11/01	- SS
	Signature of a men	mbefor authorized representative of a memb	per TOP P
	-1 "		1 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Z-1 //	and the state	

Page 3 of 3

Filing Fee: \$25.00