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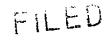
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COVER LETTER

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	ation Secti		ş:	4. *	21 290	•
Divisior	of Corpo	rations				
♦ 25 ¾	•	Onnelline Ma				
SUBJECT:			ountain Water	<u> </u>		
		Name of Limi	ited Liability Compar	ny		
		nendment and fee(s) are sul	_			
Please return all	correspond	ence concerning this matter	to the following:			
		R	obert F. Greene	e, Esq.		
			Name of Person	ı		
		Greene Hamrid	k Perrey Quinla	n & Scher	mer, P.A.	
			Firm/Company			
		(601 12th Street	West		
			Address			
		Bra	adenton, Florida	34205		
			City/State and Zip C			
	,	rgree	ene@manateele to be used for future an	gal.com	· ·	
For further inform	nation con	cerning this matter, please of		nuai report non	incation	
1 of futurer inform	nation con	coming this matter, please c	.a.i.			
		t F. Greene	at (941)		747-1871	
	Name of Po	erson	Area	Code & Daytin	ne Telephone Ni	ımber
Enclosed is a che	ck for the	following amount:				
▼ \$25.00 Filing	Fee []\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing F Certified Cop (additional co		Cer d) Cer	0 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Reg Divi Cliff 266	REET/COUR istration Secti ision of Corpo ton Building 1-Executive C ahassee, FL 3	enter Circle	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2010 OCT 15 PM @ 24

CAROLINA (<u>Name of the Limited Lial</u> (A Flor	MOUNTAIN Wollity Company as it noticed Liability C	VATER ow appear company)	R, LLC <u>CORETA</u> rs on our records. HAS	CY U. STATE SEE. FLORIDA
The Articles of Organization for this Limited Liabili Florida document numberL1000080054		ed on	July 29, 2010	and assigned
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the	limited liability com	ıpany her	<u>e</u> :	
Carolina H	lighlands Spring V	Vater, LI	LC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liabil	lity Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>			
<u>(Principal office address MUST BE A STREET Al</u>	DDRESS)			
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 agent and/or the new registered office		ress on o	our records, <u>enter t</u> l	he name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		En	ter Florida street addi	ress
	City		, Florida	Zip Code
	City			Lip Coue

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
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If amer	iding any other information, enter chan	nge(s) here: (Attach additional sheets, if neces	ssary.)
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