# L10000121054

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

TEPARTMENT OF STATE

N. Culligan SEP - 9 2013



### **COVER LETTER**

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SHIDTEC		Ventures LLC			
SUBJEC		Name of Limit	ed Liability Company	<u></u>	
The enclo	Division of Corporations  Water Tree Ventures LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  It is ease return all correspondence concerning this matter to the following:  Christopher Panaro, Esq.  Name of Person  C/o LeClairRyan  Firm/Company  885 Third Avenue, 16th Floor  Address  New York, New York 10022  City/State and Zip Code  christopher.panaro@leclairryan.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Christopher Panaro  Name of Person  1212  430-8039  Area Code & Daytime Telephone Number  Inclosed is a check for the following amount:  1 \$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate Copy  (additional copy is enclosed)				
Please re	turn all correspor	ndence concerning this matter	to the following:		
	Division of Corporations  Water Tree Ventures LLC  Name of Limited Liability Company  Seed Articles of Amendment and fee(s) are submitted for filing.  Turn all correspondence concerning this matter to the following:  Christopher Panaro, Esq.  Name of Person  c/o LeClairRyan  Firm/Company  885 Third Avenue, 16th Floor  Address  New York, New York 10022  City/State and Zip Code  christopher.panaro@leclairryan.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call: other Panaro  Name of Person  Area Code & Daytime Telephone Number  Lis a check for the following amount: 00 Filing Fee  Certificate of Status  Certified Copy  Certificate of Status &				
			Name of Person	<del></del>	
		c/o LeClairRyan			
	Firm/Company				
		885 Third Avenue, 16th F	Floor		
			Address		
	New York, New York 10022				
			•		
				on)	
For furth	er information co	, in the second	,	···,	
Christo	oher Panaro		at ( )		
	Name of	f Person	Area Code & Daytime To	lephone Number	
Enclosed	I is a check for th	e following amount:			
\$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

MAILING ADDRESS:

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



ACCOUNT NO. : 12000000195

REFERENCE: 789364 7268860

AUTHORIZATION

COST LIMIT

ORDER DATE: September 6, 2013

ORDER TIME : 10:14 AM

ORDER NO. : 789364-005

CUSTOMER NO: 7268860

#### DOMESTIC AMENDMENT FILING

NAME: WATER TREE VENTURES LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX\_\_\_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS:

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2013 SEP -6 AN 10: 02

# SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Water Tree Ventures LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000121054</u>	were filed on November 22, 2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	135 Benning Drive	
(Principal office address MUST BE A STREET ADDRESS)	Destin, Florida	
	32541	
Enter new mailing address, if applicable:	135 Benning Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Destin, Florida	
	32541	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		r the name of the new
New registered Office Address.	Enter Florida street a	address
	, Florida	
	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 = Mana MGRM = Ma	ager anaging Member		
Title	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Remove
T-70 T-0+-11511			Add
			Remove
			_
			Add
			Remove
			_
			Add
			Remove

. If amending any other inform	nation, enter change(s) here: (Attach additional sheets	, if necessary.)
- Indian		
September 5	2013	
Cles	Can 5	
	Signature of a member or authorized representative of a mem	ber
Christopher Panaro		
	Typed or printed name of signee	

Page 3 of 3

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