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EXAMINER

2011 APR 20 MIN: 20
SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Division of Corporations Aqua Flow water Pro's LLC SUBJECT: 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: Mark Crosby Jr. Name of Person Aqua Flow Water Pro's LLC Firm/Company 3793 Eagle Preserve Point Address Sanford, FL 32773 City/State and Zip Code aquaflowwaterpros@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 133-23-3
Area Code & Daytime Telephone Number Mark Crosby Name of Person Enclosed is a check for the following amount: \$55.00 Filing Fee & \$60.00 Filing Fee, \$25.00 Filing Fee **[√]**\$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A	qua Flow Water Pro's LLC			
(Name of the Limited	d Liability Company as it now appears A Florida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company were filed on4-7-11			and assigned	
Florida document number L1100004	2180			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liability company here	•		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compar	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)	ř		
		((r	(R) 20 F	
Enter new mailing address, if applicable:			TR I	
(Mailing address MAY BE A POST OFFICE BOX)			S E O	
		Ę	5	
B. If amending the registered agent and registered agent and/or the new registered o		ur records, <u>enter tl</u>	he name of the new	
Name of New Registered Agent:	Mark O. Crosby Jr.	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	3793 Eagle Preserve Point			
	Enter Florida street address			
	Sanford	, Florida	32773	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Sherrie Wasley	18 Paquin Dr. Saint Cloud, FL 34769	Add Remove
MGR	Sherrie Wasley	18 Paquin Dr. Saint Cloud, FL 34769	Add Remove
MGR	Mark Crosby Jr.	3793 Eagle Preserve Point Sanford, FL 32773	Add Remove
<u>MGRM</u>	Mark O. Crosby Jr.	3793 Eagle Preserve point Sanford, FL 32773	
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessar	FILED 2011 APR 20 MIN- 28 SECRETARY OF STATE
Dated	,,,	 [
	Mar	ber or authorized representative of a member COSBV J. ed or printed name of signee	

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Filing Fee: \$25.00