2/2000034019

	(Requestor's Name)
	(Address)
	(Address)
.	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

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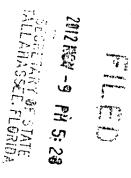
EXAMINER

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

WATERSEDGE SUP, LLC

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:

Nicole C. Smith

Name of Person

Trax Capital Management

Firm/Company

200 South Orange Avenue, Suite 2800

Address

Orlando, FL 32801

City/State and Zip Code

nsmith@traxcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole C. Smith

at (407) 377-0565 x703

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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

WATERSEDGE SUP, LLC				
(Name of the Limited (A	Liability Company Florida Limited Lia	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Life Florida document number <u>L12000034019</u>	iability Company v	were filed on <u>3/9/2012</u>	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and end wit 'L.L.C."	h the words "Limite	ed Liability Company," the designation "LLC	or the abbreviation	
Enter new principal offices address, if applic	able:	-	2	
(Principal office address MUST BE A STREET ADDRESS)			-	
Enter new mailing address, if applicable:			FILE	
Enter new manning address, in applicable:		7	<u> </u>	
Muning address MAT BE A 1 051 Of 1 1CE	<u> </u>	20		
B. If amending the registered agent and/oregistered agent and/or the new registered of	•		name of the new	
Name of New Registered Agent:	Nicole C. Sn	nith		
New Registered Office Address:	200 South O	range Avenue, Suite 2800		
		Enter Florida street addres	S	
	Orlando	Florida 3280)1	

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.

City

Muori C. Smith

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Z AH
<u>.</u>	· · · · · · · · · · · · · · · · · · ·		
			5: 28
			Add
			Remove
			Add
			Remove
		·	
			Add
			Remove

mending any othe	information, enter change(s) here	: (Attach additional sheets, if necessary.,
Wovember	5 14 , 2012 .	
	- Jul	
	Signature of a meraber of author	ized representative of a member
Frédéric	Guitton - Manager	
	Typed or printed	name of signee

Page 3 of 3

Filing Fee: \$25.00

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