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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP		MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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Office Use Only

COVER LETTER

<u>UC</u> 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: IC ity/State and Zip Code Ø 2013 or future annual report notification) For further information concerning this matter, please call: at (9ch SS T 100 Code & Daytime Telephone Number ÅΗ ö N Enclosed is a check for the following amount:-□\$60.00 Filing Fee, □\$55.00 Filing Fee & □ \$25.00 Filing Fee ■\$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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					
(Name of the Limited Liability Company asit now appears on our records.) (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on 41122012 and assigned Florida document number 1200050013					
This amendment is submitted to amend the followi	ing:				
A. If amending name, <u>enter the new name of the limited liability company here</u> : <u>Falling Wate-labs</u> <u>LLC</u> The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Jacksonville Fl 32207			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2045 Thomas Cart Jackson VIIIe, FI 32207			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:					
Name of New Registered Agent:	Doute -				
<u>New Registered Office Address</u> : - <u>New Registered Agent's Signature, if changing Reg</u>	Jacks	Thomas Curt 200 = 11 Enter Florida street address			

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove
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			Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

now a meb development 2 Compand 3 2013 B Dated of a member or authorized representative of a member $\boldsymbol{<}$ 155 Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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