

L120000069505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

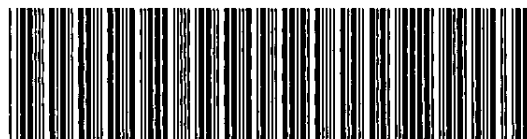
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400237090544

07/17/12--00000- 003 \$25.00

FILED

2012 JUL 17 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 18 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Waterstreet Fund 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:

Mathew Milewski

Name of Person

Waterstreet Fund LLC

Firm/Company

1504 Bay Rd 2410

Address

Miami Beach FL 33139

City/State and Zip Code

mathew@waterstreetfund.com

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

FILED
2012 JUL 17 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mathew Milewski

Name of Person

at (646)

2331987

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**

Waterstreet Fund LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/23/2012 and assigned
Florida document number L12000069505

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

1504 Bay RD 2410

(Principal office address MUST BE A STREET ADDRESS)

Miami Beach FL 33139

Enter new mailing address, if applicable:

1504 Bay RD 2410

(Mailing address MAY BE A POST OFFICE BOX)

Miami Beach FL 33139

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:

Mathew Milewski

New Registered Office Address:

1504 Bay Rd 2410

Enter Florida street address

Miami Beach

Florida

33139

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.

Mathew Milewski
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mathew S Milewski	1504 Bay RD Miami Beach FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Joshua R Liptzin	15811 Collins Ave 1506 Sunny Isles FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MRGM	Mathew S Milewski	15811 Collins Ave 1506 Sunny Isles FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Joshua Weaver	2733 Via Cipriani Unit 834B Clearwater FL 33764	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

2012 JUL 17 AM 11:31

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated

July 12 12

Signature of a member or authorized representative of a member

Mathew S Milewski

Typed or printed name of signee