

L12-000072676

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SUPERVISOR OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
SEP 10 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WATERWAY PARTNERS 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:

EDWARD A. CARTER
Name of Person

WATERWAY PARTNERS LLC.
Firm/Company

1825 TAMiami TRAIL A-6 #170
Address

PORT CHARLOTTE, FL. 33948
City/State and Zip Code

dalencarter-2004@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD A. CARTER at (941) 623-7238
Name of Person Area Code & Daytime Telephone Number

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2012 SEP -7 AM 10:59
STATE OF FLORIDA
TALLAHASSEE

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**

WATERWAY PARTNERS, 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 MAY 31, 2012 and assigned Florida document number L12000072676.

This amendment is submitted to amend the following:

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

_____ N/A _____
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)

_____ N/A _____

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

_____ N/A _____

FILED
21:52 SEP -7 AM '12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____ N/A _____
New Registered Office Address: _____
Enter Florida street 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.

_____ N/A _____
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	DALEN CARTER	1825 TAMiami TRAIL A-6 #170 PORT CHARLOTTE, FL. 33948	<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
_____	_____	_____	<input type="checkbox"/> Add <input 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.)

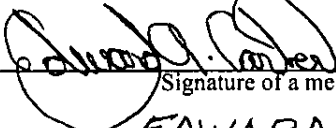
NOT APPLICABLE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 SEP - 7 AM 10:53

FILED

Dated SEPTEMBER 5, 2012



Signature of a member or authorized representative of a member

EDWARD A. CARTER

Typed or printed name of signee