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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WATER BAGELS 247 LLC

Certificate of Status	0
Certified Copy	1
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B. BOSTICK

SEP 18 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WATER BAGELS 247 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:

Sharon K. Gray
(Name of Person)

Triad Professional Services, LLC
(Firm/Company)

1720 Windward Concourse, Ste. 390
(Address)

Alpharetta, GA 30005
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon K. Gray at (770) 777-2091
(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

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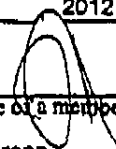
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John W.S. Preston	400 Clematis Street Suite 201 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Michael D'Angelo	300 North A1A Unit L-102 Jupiter, FL 33477	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MD/NA Limited Partnership	9859 Lake Worth Road #27/28 Lake Worth, FL 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MD/NA Limited Partnership	2851 John Street Suite 1 Markham, Ontario L3R 5R7	<input checked="" 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.)

Dated September 13, 2012



 Signature of a member or authorized representative of a member
 Robert S. Green

 Typed or printed name of signee

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