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(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
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(Do	cument Number)	··
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GIVISION OF CORPURATION

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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC		da Water LLC		
oobje.	, · · · <u> </u>	Name of Limit	ted Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please re	turn all correspon	idence concerning this matter to	o the following:	
		Stephen Masker		
			Name of Person	
		South Florida Water LLC		
			Firm/Company	
		10217 Collar Drive		
			Address	· · · - · ·
		San Antonio, FL 33576		
			City/State and Zip Code	
		southfloridawater@yahoo.		······
		E-mail address: (to	o be used for future annual report notif	fication)
For furth	er information co	ncerning this matter, please ca	li:	
Stepher	n Masker		727 501-6478 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for the	e following amount:		
□ \$25.0	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

South Florida Water LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- lorida document number	npany were filed on 12/21/2012	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		18 SE
Principal office address MUST BE A STREET ADDRES	SS)	JUN NEED
		<u> </u>
		2 ***
nter new mailing address, if applicable:		<u> </u>
Aailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or register registered agent and/or the new registered office addres		ter the name of th
egistered agent units of the new registered states and a	is were.	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	, Florida	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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carolyn Masker	10217 Collar Drive, San Antonio, 7/35:16	= Add
			□ Remove
			Change
			□ Remove
			Change
		······································	🗆 Add
			□ Remove
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						ir
ffective date, if ot	her than the date of fil ed, the date must be specific	06-12-2018 ling:		(optional)		
Sote: If the date inso	erted in this block does no	ot meet the applicable	ate of filing or more than statutory filling requir	90 days after filing.) Pursus rements, this date will no	ant to 605. of be liste	.0207 (ed as t
ocument's effective	date on the Department of	of State's records.				
	es a delayed effective	e date, but not a	n effective time, a	at 12:01 a.m. on th	e earlie	er of:
e recora specifie	fter the record is file					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00