#/13000011509

(F	Requestor's Name)	
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(0	City/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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SEURE I ANT OF STATE TALLAHASSEE, FLORIDA

K. SALY EXAMINER AUG 1 4 2013

COVER LETTER

Division of Corp	oorations			
SUBJECT:	Drink the Water	r LLC		
	Name of Limite	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Су	nthia M. Montayre		
		Name of Person		
		orink the Water LLC	С	
		Firm/Company		
	46	609 Grove Point D	rive	
		Address		
	Ta	ampa, Florida 336	24	
		City/State and Zip Code	· ·	
		aterllc@gmail.com		_ .
		be used for future annual repo	rt notification)	
For further information co	oncerning this matter, please ca	all:		
Cynth	ia M. Montayre	813	504-8505	
Name of	Person	Area Code & I	Daytime Telephone N	Number
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	■\$30.00 Filing Fee & Certificate of Status	☐S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Ce	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)

MAILING ADDRESS:

Registration Section

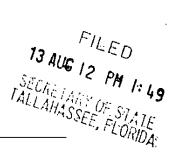
TO:

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



Drink the Water 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 I	iability Company were filed	on 01/22/2013	and assigned
Florida document number <u>L1300001150</u>	<u>. </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	iny here:	
N/A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability	Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if appli-	cable: N/A		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of		ss on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	N/A		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	N/A		- MIL 4 AM
		Enter Florida street aa	ldress
		, 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.

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Elizabeth Montayre	4609 Grove Point Drive	Add
		Tampa, Florida 33624	Remove
			Remove
			Add
			Add
			Add
			Remove
			Add

D. If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
Remove Cynthia M. M	ontayre as Treasurer and replace with Elizabeth Montayre.
•	

Dated July 28	2013
Jated	
	Mansatt
	Signature of a member or authorized representative of a member
	Joffre P. Montayre
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00