L1311000123974

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| //State/Zip/Phon | e #) | | | | |
| ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| _ Certificate | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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| | dress) dress) //State/Zip/Phon WAIT siness Entity Na cument Number Certificate | | | | |

Office Use Only



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2014 HAY -8 PH 12: 18

COVER LETTER

TO:

Registration Section Division of Corporations



SUBJECT

INDALO 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:

LUIS R. SMITH

Name of Person

JESSEL INVESTMETS LLC

Firm/Company

11402 NW 41ST STREET SUITE 211

Address

DORAL FL 33178

City/State and Zip Code

L.JESSEL@GMAIL.COM

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

For further information concerning this matter, please call:

LUIS R. SMITH

_305 470-2429

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2014 NAY -8 PN 12: 18
SECRETARD OF STATE
FALLAHASSEE, FLORIDA

INDALO EUROPEAN 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 Liability Company w Florida document number L13000123974 | ere filed on 09/03/2013 | and assigned | |
|--|--|-----------------------|--|
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability | y company here: | | |
| The new name must be distinguishable and end with the words "Limited Liability | y Company," the designation "LLC" or the a | abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| · - | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| <u> </u> | | | |
| B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: | e address on our records, enter | the name of the nev | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | |
| 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 provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro | erformance of my duties, and I am f | familiar with and | |

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action 12855 SW 136TH AVE MGR SANDRA L. TORRES ZABALA **SUITE 101** _□ Remove **MIAMI FL 33126** _ Add ☐ Remove ☐ Add _□ Remove Remove __ 🗆 Add ☐ Remove ____

Remove

| E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated Mayo, 5 Signature of a member or authorized representative of a member | D. | If am | ending any other information, enter cha | ange(s) here: (Atta | ch additional sheets, if necessary.) |
|---|----|--------|--|-----------------------------|---------------------------------------|
| (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated Mayo, 5 Only Collice | | , | g (, , g | | |
| (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated Mayo, 5 Only Collice | | | | | |
| (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated Mayo, 5 Only Collice | | | | | |
| (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated Mayo, 5 Only Collice | | | | | |
| (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated Mayo, 5 Only Collice | | | | | |
| (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated Mayo, 5 Only Collice | | | | | |
| (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated Mayo, 5 Only Collice | | | | | |
| Dated Mayo, 5 O Collic | E. | Effec | tive date, if other than the date of filing: | of receipt or filed date of | (optional) |
| O O Colic | | the da | ate this document is filed by the Florida Department | | ind cannot be more than 70 days after |
| Signature of a mamber or authorized representative of a member | | Dated | Mayo, 5 | 2014 | |
| Signature of a mamber or authorized representative of a member | | | n.n. Sulis | | |
| Signature of a member of authorized representative of a member | | | Signature of a m | ember or authorized rep | resentative of a member |
| Jesus Jaimes Solis Sanchez | | | | | |

Page 3 of 3

Filing Fee: \$25.00

