

C14000 144265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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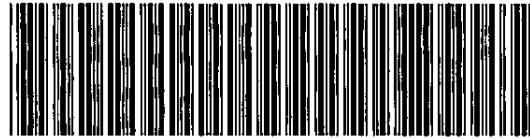
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Oct 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AQUA PURE AMERICA
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:

MICHAEL AMABILE
Name of Person

AQUA PURE AMERICA
Firm/Company

3508 SW 8TH STREET
Address

CAPE CORAL, FL. 33991
City/State and Zip Code

MOTIVUES@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL AMABILE at (239) 699.5426
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

AQUA PORE AMERICA LLC

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FELIX AMABILE JR	16146 MOUNT ABBEY WAY	<input type="checkbox"/> Add
		#201	<input checked="" type="checkbox"/> Remove
		FORT MYERS, FL, 33908	
MGR	JEANNINE CAMPOS	16073 VIA SOLERA CIRCLE	<input type="checkbox"/> Add
		#102	<input checked="" type="checkbox"/> Remove
		FORT MYERS, FL, 33908	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove


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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(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 10-16-2014, OCTOBER, 16, 2014



Signature of a member or authorized representative of a member
Michael Ambile

Typed or printed name of signee

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Filing Fee: \$25.00

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