

L14000176718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

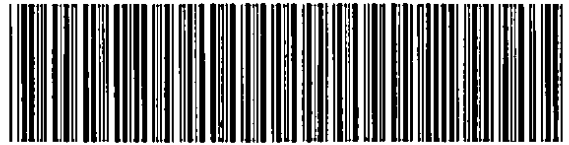
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400316999824

08/15/18 01:04 PM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 15 PM 1:04

W. Cooper

AUG 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATMOSPHERIC WATER GENERATOR, 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:

MARIA-ISABEL CAMPOS-GORDON

Name of Person

ATMOSPHERIC WATER GENERATOR, LLC

Firm/Company

219 SOUTH CITRUS GROVE BLVD.

Address

POLK CITY, FL 33868

City/State and Zip Code

awg2water@gmail.com

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

For further information concerning this matter, please call:

MARIA-ISABEL CAMPOS-GORDON

877

625-2849 Ext. 5

at (_____) _____

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**

ATMOSPHERIC WATER GENERATOR, 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 were filed on NOVEMBER 13, 2014 and assigned
Florida document number 114000176718.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

MARIA-ISABEL CAMPOS-GORDON

219 SOUTH CITRUS GROVE BLVD.

POLK CITY, FL 33868

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5337 N. SOCRUM LOOP RD.

#283

LAKELAND, FL 33809

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 15 PM 1:04

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MARIA-ISABEL CAMPOS-GORDON

New Registered Office Address: 219 SOUTH CITRUS GROVE BLVD.

Enter Florida street address

POLK CITY, Florida 33868

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 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, enter the title, name, and address of each person 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	MEL GORDON		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA-ISABEL CAMPOS-GORDON		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	MEL GORDON		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 AUG 15 PM 1:04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 15 PM 1:04

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 14, 2018

Shirley L. Campbell-Gordon
Signature of a member or authorized representative of a member

Typed or printed name of signee