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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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S. PRATHER

COVER LETTER

TO:	Registration Se Division of Cor			
CHDI	Water Tek	LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Michael J Perry		
			Name of Person	
		Water Tek LLC		
			Firm/Company	
		383 Tequesta Drive, STE I	В	
			Address	
		Jupiter-Tequesta, FL 3346	59	
			City/State and Zip Code	
		mp@expandu.com	to be used for future annual report notifi	cetion)
For fu	rther information co	oncerning this matter, please ca	·	carony
Micha	ael J Perry		561 223-0548	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 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

Water Tek, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	نن
he Articles of Organization for this Limited Liability	Company were filed on April 9, 2015	and assigned
lorida document number L15000062780		. 2
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
Sun Healthy, LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	nree)	
Thicipal office dadress MOST BE A STREET ADD	(KESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	_	
. If amending the registered agent and/or regi	istered office address on our records, e	nter the name of the
egistered agent and/or the new registered office ad-		
Name of New Registered Agent:		
V 6 / 100 VI		
New Registered Office Address:	Enter Florida street address	
	Florid	aZip Code
	City	гір Соав

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>	Name	Address	Type of Action
			□ Remove
			☐ Change
			🗆 Add
			☐ Remove
			Change
			Remove
			Change
			☐ Add
			□ Remove
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			Add
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Filing Fee: \$25.00