

L15000107484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

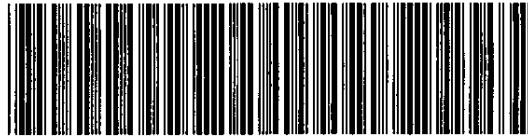
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
OCT -1 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations,

**ATLANTIC PURE WATER SYSTEMS LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CHARLES EASTMAN**

\_\_\_\_\_  
Name of Person

**ATLANTIC PURE WATER SYSTEMS LLC**

\_\_\_\_\_  
Firm/Company

**40 LAKE JULIA DR S**

\_\_\_\_\_  
Address

**PONTE VEDRA BEACH, FL 32082**

\_\_\_\_\_  
City/State and Zip Code

**JOE.EASTMAN1@GMAIL.COM**

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

For further information concerning this matter, please call:

**CHARLES EASTMAN**

**810**

**877-2812**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (9/15)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**ATLANTIC PURE WATER SYSTEMS LLC**

**FIRST:** The name of the limited liability company is: \_\_\_\_\_

L15000107484

**SECOND:** The Florida Document number of the limited liability company is: \_\_\_\_\_

**DETAIL BY ENTITY NAME**

**THIRD:** Document to be corrected is: \_\_\_\_\_

ARTICLES OF  
ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

**EASTMAN, PAUL JOSEPH, TITLE MANAGER INCORRECT, TITLE IS MEMBER**

**EASTMAN, MALIA GINGER, TITLE MANAGER INCORRECT, TITLE IS MEMBER**

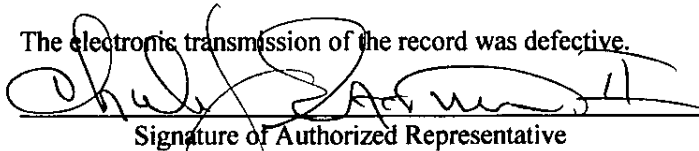
**PHELPS, IRENE S, NOT LISTED. ADD TO DETAIL AS MANAGER AT LLC ADDRESS**

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

  
Signature of Authorized Representative

9/24/2015  
Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee:                      \$25.00**  
**Certified Copy:                \$30.00 (optional)**