

L15000162262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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16 SEP 22 PM 2:42

SEP 23 2016
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MINDTIM 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:

ALAIN VAN DOOSSELAERE

Name of Person

PERSONALIZED BUSINESS SOLUTIONS INC

Firm/Company

1800 SW 1ST AVE STE 306

Address

MIAMI, FL 33129

City/State and Zip Code

PERBUSSOL@AOL.COM

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

For further information concerning this matter, please call:

ALAIN VAN DOOSSELAERE

786

294-0875

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MINDTIM 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 09/23/2015 and assigned
Florida document number L15000162262.

This amendment is submitted to amend the following:

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

DREAM OF WATER LLC

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)

1329 NE 105th ST UNIT 3

MIAMI SHORES, FL 33138

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1329 NE 105th ST UNIT 3

MIAMI SHORES, FL 33138

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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:

ALAIN VAN DOOSSELAERE

New Registered Office Address:

1800 SW 1ST AVE STE 306

Enter Florida street address

MIAMI

Florida

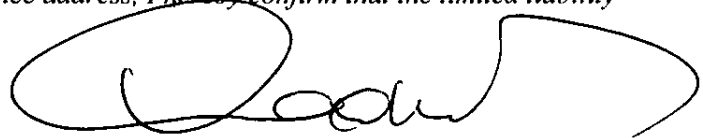
33129

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>
AP	JEROME LEYRAT	1900 N BAYSHORE DR #2206, N	<input type="checkbox"/> Add
		1329 NE 105th ST UNIT 3	<input type="checkbox"/> Remove
		MIAMI SHORES, FL 33138	<input checked="" type="checkbox"/> Change
AMBR	ERIC PARISI	285 CHEMIN DES ARBOUSIERS	<input type="checkbox"/> Add
		83320 CARQUEIRANNE, FR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MINDY ZELIGMAN	1900 N BAYSHORE DR #2206	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACQUES BENVENISTE	140 CHEMIN DES LOUPS	<input checked="" type="checkbox"/> Add
		13290 AIX EN PROVENCE, FR	<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

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated SEPTEMBER 9, 2016

I thought

JEROME LEYRAT

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Filing Fee: \$25.00