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SCRETARY OF STATE

S Warren FEB 13 2017

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	SOFTWAT	ER LLC		
2020-011		Name of Lim	ited Liability Company	
The enclosed	1 Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		PAUL MELEAN		
Name of Person				
		ANDINA GRUPO LLC		
			Firm/Company	
		10773 NW 58TH ST #313		
			Address	. 441 - 124 124
		DORAL, FL 33178		
			City/State and Zip Code	
		paulmelean@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For further in	iformation co	oncerning this matter, please ca	all:	
PAUL MEL	EAN		305 7678260 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	ı check for th	e following amount:		
■ \$25.00 F	iling 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

TO:

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

SOFTWATER LLC		
(Name of the Limi	ted Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited I. Florida document number $\frac{L17000015068}{L17000015068}$		by were filed on $\frac{01/19/2017}{}$ and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited lia	bility company here:
N/A		
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	N/A
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A
B. If amending the registered agent and registered agent and/or the new registered o		office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
		Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Resistered Agen

Florida

Zip Code

. 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 = Anthorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NEGRON, CARLOS	10773 NW 58TH ST #313	
		DORAL, FL 33178	■ Remove
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	-		Remove
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cuve date, il biller tilali die dati	pecific and cannot be prior to date of filing or r loes not meet the applicable statutory filing	nore than 90 days after filing ng requirements, this date	.) Pursuant to 605.0 will not be listed
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effective date is listed, the date must be set.  If the date inserted in this block dument's effective date on the Departs			
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Filing Fee: \$25.00