

Florida Department of State

Division of Corporations

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Division of Corporations

Fax Number : (850) 617-6383

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Account Name : CORP USA

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2017 FEB -6 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WATER FILTRATION SYSTEM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

FEB -7 2017

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.

FIRST: The name of the limited liability company is: Water Filtration System, LLC

SECOND: The Florida Document number of the limited liability company is: L17000025087

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:

(1) Name of company contains a mistake inasmuch as the word
"system" should have been plural. The correct name is:
WATER FILTRATION SYSTEMS, LLC. (see attached for more)

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

2/6/2017

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)

CR2E062 (9/15)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- (1) CORRECT: Name of Company:
WATER FILTRATION SYSTEMS, LLC
- (2) The Principal Address for the company is incorrect
inasmuch as the Street number is not 27, it is 22.

The Correct Principal Address is:

505 NW 22 Street

Homestead, FL 33030

- (3) The address for the Registered Agent is incorrect
inasmuch as the Street number is not 27, it is 22.

The Correct Address for the Registered Agent is:

505 NW 22 Street

Homestead, FL 33030

- (4) The address for the Authorized Member, LOUIS
PACHECO, is incorrect inasmuch as the Street number is
not 27, it is 22.

The Correct Address for LOUIS PACHECO, AMBR, is:

505 NW 22 Street

Homestead, FL 33030

- (5) An Authorized Member was mistakenly omitted from
the Articles of Organization and must be added.

The AMBR to be added is:

RICARDO ELIZONDO

505 NW 22 Street

Homestead, FL 33030

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