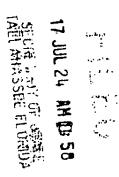
## 11700039462

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corpora							
SUBJE	BLUE HORIZO	BLUE HORIZON WATER SOLUTIONS LLC						
		Name of Limited Liability Company						
The encl	osed Articles of Ame	ndment and fee(s) are submitted for filing.						
Please re	turn all corresponden	ce concerning this matter to the following:						
	N	MARY PIERLUISSI						
	-	Name of Person						
	٨	APE CONSULTING, CORP						
	-	Firm/Company						
	2	700 GLADES CIRCLE STE 127						
	_	Address						
	V	VESTON, FL 33327						
	City/State and Zip Code							
	ma	aryp@mpeconsulting.net						
		E-mail address: (to be used for future annual report notification)						
For furth	er information concer	ning this matter, please call:						
MARY I	PIERLUISSI	754 216-4105 at()						
	Name of Perso							

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17 JUL 24 AH 11 58

BLUE HORIZON WATER SOLU			SECRETARY OF SECONDS (COOP)
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records. (Liability Company)	TAPLAHASSEE FLORIDS
The Articles of Organization for this Limited I Florida document number <u>L17000039462</u>	_iability Compan	y were filed on <u>02/20/2017</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
The new name must be distinguishable and contain the Enter new principal offices address, if appli (Principal office address MUST BE A STRE	cable:	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		3874 SW 30TH AVE	
r new maning address, it applicable:		FT.LAUDERDALE, FL 33312	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	MARIENILD 2700 GLADE	re:  A PIERLUISSI  S CIRCLE STE 127  Enter Florida street address	
	WESTON		rida <u>33327</u>
		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

Page 1 of 3

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
AMBR	MAURIZIO D'ALESSANDRO	3874 SW 30TH AVE	
		FT. LAURDERDALE, FL 33312	<b>5</b> .0
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ffective date, if other than the d an effective date is listed, the date must	ate of filing: JUNE 20	5TH, 2017	(opt	ional)	- 405 020°
inte: If the date inserted in this bloc	ck does not meet the app	olicable statutory iii	ing requirements, th	is date will not be	e listed as
ocument's effective date on the Dep	eartment of State's reco	rds.			
e record specifies a delayed	offective date, but	not an effective	time_at 12:01	a.m. on the e	arlier n
The 90th day after the reco	rd is filed.	not an eneceive			
	2017				
JUNE 26TH Dated	, 2017	<i>─</i> ⁄-			
	19/1	/_//			
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