

L17000039462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

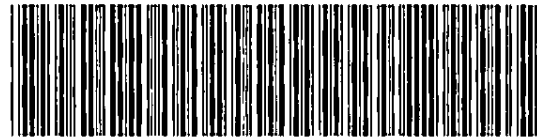
(Business Entity Name)

(Document Number)

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2019 JAN 22 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE HORIZON WATER SOLUTIONS LLC
Name of Limited Liability Company

2019 JAN 22 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY PERLUISSI

Name of Person

MPE CONSULTING CORP

Firm/Company

2700 GLADES CIRCLE STE 127

Address

WESTON, FL 33327

City/State and Zip Code

maryp@mpeconsulting.net

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

For further information concerning this matter, please call:

MARY PIERLUISSI 754 216-4105
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing 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
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

2019 JAN 22 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RODOLFO ANEZ	3874 SW 30TH AVE	<input type="checkbox"/> Add
		FT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 06 2018

CARLOS J. MASTELLA

Filing Fee: \$25.00