117000039462

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SUBJEC		RIZON WATER SOLUTIONS	LLC	•	2019
00001.0	·•• <u></u>	Name of Lim	ited Liability Company		2018 JAN 22 PA IV
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		SSEE
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		MARY PERLUISSI			5 ,
			Name of Person		
		MPE CONSULTING COR	₹P		
			Firm/Company		
	2700 GLADES CIRCLE STE 127 Address				
	WESTON, FL 33327				
		maryp@mpeconsulting.net	City/State and Zip Code		
		E-mail address: (to be used for future annual repor	t notification)	
For furthe	er information co	oncerning this matter, please ea	all:		
MARY	PIERLUISSI		754 216-410	05	
	Name of	f Person	Area Code Da	aytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

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

BLUE HORIZON WATER SOLUTIONS LLC

T	AMENDMENT O
	AMENDMENT O DRGANIZATION OF Any as it now appears on our records.) Liability Company) Any as it now appears on our records.
BLUE HORIZON WATER SOLUTIONS LLC	Asto. St.
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	Iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000039462</u> .	were filed on 02/20/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pifity company here:
	mid ambant inte
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1042 THISTLE CREEK CT
Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33327
	1042 THISTLE CREEK CT
Enter new mailing address, if applicable:	WESTON, FL 33327
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Extens Florida espera addresses
	Enter Florida street address . Florida

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>	Type of Action
AMBR	RODOLFO ANEZ	3874 SW 30TH AVE	□ Add
		FT LAUDERDALE, FL 33312	
			Remove
			☐ Change
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block unnent's effective date on the Department.	te of filing: specific and cannot be pr does not meet the app	ior to date of filing or more t licable statutory filing re	(optional) han 90 days after filing.) Pursua quirements, this date will no	int to 605.020 of be listed as
record specifies a delayed e he 90th day after the record	ffective date, but a l is filed.	not an effective time	e, at 12:01 a.m. on the	e earlier o
ed DECEMBER 06	. 2018	 ·		
		1/1-		
Si	nature of a member of an	thorized representative of a	member	

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Typed or printed name of signee

Filing Fee: \$25.00