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(Re	questor's Name)	
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ALLAHASSEE ELORIUA

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# **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	RACHER L. DRUDE, ESQ. Name of Person
	BATTAGUA, ROSS, DICUS + McQUATD, PA Firm/Company  5858 CENTRAL AVE, SUITE A Address  ST. PETERSBURG, PA 33767 City/State and Zip Code
	5858 CENTRAL AVE, SUITE A
	ST. PETERSBURG, Ft. 33767 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
RA	Name of Person at (727) 381-2300  Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$25	5.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WATERS ET	Y Company as it now appears on our records.)
(A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability C. Florida document number 2770000	ompany were filed on $\frac{3}{15}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Lim	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
	THE REPORT OF THE PERSON OF TH
	L SAL
Enter new mailing address, if applicable:	न विभिन्न
• • •	2: 25
(Mailing address MAY BE A POST OFFICE BOX)	
D. If we have the section of the sec	1 67 11 1 64.
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, <u>enter the name of the ne</u> ress here:
	<del></del>
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	, Florida
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = A	uthorized Member			
<u>Title</u>	Name	Address		Type of Action
MGK	MICHAEL F. CANNOVA	P.O. BOY	06705	<u></u> [∐Add
		ST. PETE	BEACH, FR	Remove
			33736	
MOR	THOMAS HASLETT			
		PINEUAS	PANK, FR	Remove
			33781	
				iiAdd
				Remaye
				Change Sp
				PH 24
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ne 90th day after t				· · · · · · · · · · · · · · · · · · ·			
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Filing Fee: \$25.00