L17000074361

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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D. SCOTT APR 2 6 2017

COVER LETTER

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₩			VING EXPERTS, LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of A	Amendment and fce(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		KENDRA FRIEDMAN			
			Name of Person		
			Firm/Company		
		20436 LARINO LOOP	Firm/Company		
			Address		
		ESTERO, FL 33928		-,,	5
	Fil.	kfriedman01@gmail.com	City/State and Zip Code to be used for future annual report notific	eation)	- } }
For fur	ther information co	oncerning this matter, please ca		1.	;
KEND	RA FRIEDMAN		787 949-0911		5
	Name of	f Person	Area Code Daytime	Telephone Number	岩丁
Enclos	ed is a check for th	ne following amount:			EILEU
■ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed	Ģ
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, WAT	ER SAVING EXPERTS, LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appear orida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabili Florida document numberL17000074361	ty Company were filed on	04/03/2017	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>ere</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicables			
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office:	egistered office address on	our records, ent	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:		ida street address , Florida	RAZET H
New Registered Agent's Signature, if changing Register	City tered Agent:		54 fa:
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis	nd complete performance of ad agent as provided for in C	my duties, and I ar Chapter 605, F.S. C	n familiar with and Pr, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
MGR	HECTOR BELLO	20436 LARINO LOOP	
		ESTERO, FL 33928	■ Remove
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		· · · · · · · · · · · · · · · · · · ·	Add
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		<u></u>	Change
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Filing Fee: \$25.00