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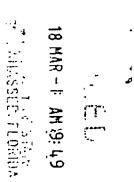
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: OPEN WATERS REAL ESTATE LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ricardo Betanzo Name of Person
OPEN WATERS REAL ESTATE LLC Firm/Company
206 SNUG HARBOR DRIVE
SHALTMAR FLORIDA 32579  City/State and Zip Code  betanzo. Cicardo Q ynail. con  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ricardo Detanzo at (211) 842 4878  Name of Person at (211) B42 4878  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status & 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

OPEN WATERS REAL ESTATE LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)					
the Articles of Organization for this Limited Liability Company were filed on $\frac{0}{106872}$	5/12/	201	7 ar	nd assig	gned
ionua document number					
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liability company here:					
RICARDO BETANZO LLC  ne new name must be distinguishable and contain the words "Limited Liability Company," the design					
ne new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" o	r the abl	oreviati	ion "L.L.	.C.*
nter new principal offices address, if applicable:					_
Principal office address MUST BE A STREET ADDRESS)					
	_ <del>.</del>				
nter new mailing address, if applicable:		12 1 12 12 12 12 12 12 12 12 12 12 12 12 12 1	<u></u>		
Mailing address MAY BE A POST OFFICE BOX)		;	<u> </u>		
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. If amending the registered agent and/or registered office address on ou	r records,	enter		ame o	<u>f the</u>
egistered agent and/or the new registered office address here:		<u> </u>	۴:5	•	
		<u>=</u>	Ğ		
Name of New Registered Agent:					
New Registered Office Address:					
Enter Florida s	treet address	-			
	, Flori	da		Code	
City			Zip	Code	

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>	Address	Type of Action
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