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TECHROEDER

R LETTER

SUBJECT:	Name of Lim	ited Liability Company	.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PATRICIA S DE LA PAZ		
		Name of Person	
		Firm/Company	<u> </u>
	650 NW 170th TER	Address	
	PEMBROKE PINES, FL.		
	pattydelapaz9178@gmail.co	City/State and Zip Code om	
	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please co	alt:	
Name e	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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
MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

AZZELS ALLESE ENTALLEZ

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	i <mark>ny as it now appears or</mark> Liability Company)	our records.)	
· ·	, , , , , , , , , , , , , , , , , , ,		
The Articles of Organization for this Limited Liability Company were filed on 05/26/2017			
Florida document number L17000117046			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
ALKALINE WATER LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbre	viation "L.L.C."
12			9
Enter new principal offices address, if applicable:		<u></u>	- =
(Principal office address MUST BE A STREET ADDRESS)		7.5- 57-	
		·	Ē
Enter new mailing address, if applicable:		<u></u>	
			3
(Mailing address MAY BE A POST OFFICE BOX)	- · · · · ·		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		ir records, <u>enter th</u>	e name of the
New Registered Office Address:	Enter Florida	oteant a blever	
	Emes Pustad	SHECT WHITESS	
		, Florida	
	City		Zip Code
			-
New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LEONARDO MURILLO	650 NW 107th TER	
		PEMBROKE PINES, FL. 33028	■ Remove
			Change
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			☐ Change
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 60 equirements, this date will not be lis	15.020 sted a
the record specifies a delayed effective date, but not an effective tim) The 90th day after the record is filed.	ne, at 12:01 a.m. on the earl	ier (
, A		
Dated July 15 2019.		
Dated July 15 Join 2019 Paz		
tathera Duray		
Signature of a member or authorized representative of	A member	
TATRICIA DELATAZ		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00