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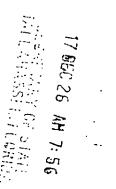
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Americas Best Water Purifiers L.L.C. 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:
Jenifer Lee Name of Person
Americas Best Lutter Purifiers L.L.C.
Cest Quail Hollow Drive Cottondo, FL32825
Crando FL 32825 (City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tencifer Lee at (407) 548-4322 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. 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 OF

(Name of the Limited Liabili (A Florida	3est Water Purifier of Company as it now appears on our records.) a Limited Liability Company)	56.6.
The Articles of Organization for this Limited Liability C Florida document number $\bot 170001576$		2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, <u>en</u>	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		25 W
	Enter Florida street address, Florid	S
	City	Sip Catle
New Registered Agent's Signature, if changing Registered	d Agent:	55 56
I haraby account the approintment as registered agent.	and arread to got in this connects. I findle	

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>	Address	Type of Action
AMBR	Jenifa Christine Lee	Cest Quail Hollow Dr. Orlando, FL 32825	Add
		orlando, FC 32825	□ Remove
			Change
			🗆 Add
			🗆 Remove
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If amending any other information, enter change(s) here: (Attach add	, y, y
	
	
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	7: LG 7:
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing of	(optional) හි
fan effective date is listed, the date must be specific and cannot be prior to date of filing on Note: If the date inserted in this block does not meet the applicable statutory for document's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.020 Iling requirements, this date will not be listed as
ne record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	re time, at 12:01 a.m. on the earlier o
Dated December 21 2017	
- WA-	
Signature of a member or authorized representati	tive of a member

Page 3 of 3

Filing Fee: \$25.00