

L17000177419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

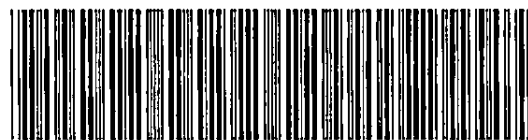
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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17 OCT 10 PM 3:35

DIVISION OF REVENUE & TAXATION

O SIMMONS

OCT 10 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Water Service Pros 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:

Robert onnelly

\_\_\_\_\_  
Name of Person

Water Service Pros LLC

\_\_\_\_\_  
Firm/Company

2704 Rew Circle Suite 105A

\_\_\_\_\_  
Address

Ocoee, FL 34761

\_\_\_\_\_  
City/State and Zip Code

rwdonnelly3646@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Donnelly

407 446-4747  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**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

## Water Service Pros LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Renato Tozo	130 Winter Ridge Circle	<input checked="" type="checkbox"/> Add
		Orlando, FL. 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Amaury Pasos	5215 Hillview Lane	<input checked="" type="checkbox"/> Add
		Orlando, FL. 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK OF COURT  
JANISIAH

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF NEW YORK

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 4th, 2017

Signature of a member or authorized representative of a member

Robert Donnelly

Typed or printed name of signee