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SECRETARY OF STATE AND A SEEL FLORIDA

APR 15 2019 T SCHROEDER

COVER LETTER

TO:

Registration Section

Division of Corporations	,
SUBJECT: Author	he Water LLC
Name of Limited	d Liability Company
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	the following:
Paul J.	Name of Person
	Water LLC Firm/Company d Rd. Un. + A
10 Snead	e Rd. Unit A
	Artdress
Indian He	City/State and Zip Code 77 @ Mail-Com De used for future annual report notification)
	City/State and Zip Code
Paul Tkins E-mail address: (40)	oe used for future annual report notification)
For further information concerning this matter, please call:	
Name of Person	at (3L1) 745-9179 Area Code Daytime Telephone Number
1 -	·
Enclosed is a check for the following amount:	
\$30.00 Filing Fee Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

As Thentic Water	LLC
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L180000 79153</u>	by were filed on $3 - 28 - 18$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the aboreviation "L.L.C."
Enter new principal offices address, if applicable:	A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	STATE ELORIDO
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
1	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	ıt:

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
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Filing Fee: \$25.00