## L180000 92071

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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor				
CHID IEA		NDERS LLC			
SUBJEC	J:	Name of Lim	ited Liability Company	•••	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		MARSHA SIHA			
			Name of Person	<del></del>	
		INCFILE.COM LLC			
			Firm/Company		
		17350 STATE HWY 249	SUITE 220		
			Address		
		HOUSTON TX 77064			
			City/State and Zip Code		19
		EFILE1234@INCFILE.CO	M to be used for future annual report noti	(Tillington)	Ž
For furth	uer information c	oncerning this matter, please c		Reactions	19 JUN - 1 AHII: 02
		oncerning and maker, prease of			
MAKSi	HA SIHA		855 829-9090 at ()	·	_ 0
	Name o	f Person	Area Code Daytim	e Telephone Number	~≥
Enclosed	d is a check for th	ne following amount:			
□ <b>\$</b> 25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fe Certificate of S Certified Copy (additional copy is	tatus &
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COUR Registration Section Division of Corpo	on	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIND	WANDERS LLC		
( <u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on ou mited Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Con- Florida document number L18000092077	npany were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
WATER WANDERS LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRES	<u> </u>		_
		<u> </u>	
		子。	
Enter new mailing address, if applicable:		는 6일 유리	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		a∸ ⊅
maning and essential state of the state of t			<u> </u>
	-	<del></del>	<u></u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		records, enter the name of the	nev
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	, Florida Zip Code	_
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and	d agree to act in this capaci	ty. I further agree to comply with	i the

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being addor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	
			□ Remove
			☐ Change
			□ Remove
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Effective date, if other than th	e date of filing:	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3)(
(If an effective date is listed, the date m Note: If the date inserted in this b document's effective date on the l	lock does not meet the applicable statutory filing	more than 90 days after filing.) Pursuant to 605.0207 (3)( ng requirements, this date will not be listed as the
the record specifies a delaye ) The 90th day after the re		time, at 12:01 a.m. on the earlier of:
<b>MAN</b> 1.1	2019	
Dated MAY 14	<del></del>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00