

## L18 000 201413

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

Remarkal SUBJECT:	ole Bottled Water, LLC					
	Name of Lin	nited Liability Company				
The enclosed Articles c	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	Ben Barraza					
	Name of Person					
		Firm/Company				
	10508 Out Island Dr					
		Address				
	Tampa, FL 33615					
	theatranservices wgmail.com	City/State and Zip Code				
For further information	E-mail address; of concerning this matter, please c	to be used for fitture annual report noti all:	fication)			
Ben Barraza		813 787-6278				
Name of Person		Area Code Daytim	e Telephone Number			
Enclosed is a check for	the following amount:					
니 \$25.00 Filing Fee	S30.00 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)			
<u>Mailing Addro</u> Registration		Street Address: Registration Sec	rtion			
Division of 0	Corporations	Division of Cor	Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Remarkable Bottled Water, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/29/2018 \_\_\_\_\_ and assigned Florida document number 1.18000207413 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A-Tran Servives, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_. Florida \_\_\_

New Registered Agent's Signature, if changing Registered Agent:

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.

City

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

Title	Name	Address	Type of Action
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record specifies a delayed e The 90th day after the record	effective date, but no d is filed.	ot an effective tir	me, at 12:01 a	.m. on the earlier (
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