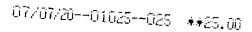
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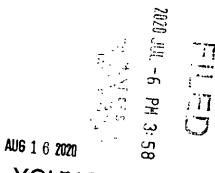
Office Use Only



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RECEIVED
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S. YOUNG

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: W	2F Vuderwa	ter Services	LLC			
	Name of Lin	nited Liability Company				
The material Amistre of	Annual design and fine of the such	suctional Control				
The enclosed Afficies of	Amendment and fee(s) are sub	omitted for thing.				
Please return all correspo	indence concerning this matter	to the following:				
	Walter Gobal Name of Person					
		Name of Person				
		Firm/Company	<del></del>			
	22009	SW 156 AVE				
		Address				
	Miami	FL 33170 City/State and Zip Code				
		City/State and Zip Code				
	E-mail address: (	to be used for future annual report not	ification)			
For further information e	oncerning this matter, please c	all:				
		01.6				
Name of Person		at () Area Code Daytim	ne Telephone Number			
Control Control of Sand	8.11					
Enclosed is a check for the	-					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>			
Mailing Addres		Street Address:				
Registration S		Registration Section				
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee				
Tallahassee, F			e Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wand F Un	derwater Services LC	
(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 Lial Florida document number	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	signed.
This amendment is submitted to amend the follow	•	مر <sub>سوب</sub>
A. If amending name, enter the new name of t		n D
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the name of the nev</u> <u>here</u> :	v registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	

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.

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>	Name	Address	Type of Action
AMBR	Walter Gobel	22999 SW 156 Ave	
		Hiami, FL 33170	□Remove
			<b>½</b> Change
MGR	Fernando Salcedo	9143 SW 77 Ave	<b>¦</b> X∕Add
		APT. B306	□Remove
		Miami, FC 33156	□Change
		<del></del>	□ A <b>d</b> d
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(If an effect Note: If	date, if other the date is listed, the the date inserted it is effective date of the date	date must be specif in this block does	ic and cann not meet t	ot be prior to the applicabl	date of filing o	r more than 90	(optional) days after filinents, this days	ng.) Pursuant to 60	05.0207 ( sted as ti
ord is filed			it not an e	ffective time	e, at 12:01 a.r	n, on the ear	lier of: (b)	The 90th day af	ter the
Dated	Joly	1	<u></u>	2020					
	/		Iter	てふひ.	ول				
		Signature	of a memb	er or authoriz	ed representat	ive of a memb	ner		
		<b>^ \</b>							