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## **COVER LETTER**

TO: Registration Sect Division of Corpo		
SUBJECT: Water	(sedge Coca Boach Properties, L) Name of Limited Liability Company	LC.
The enclosed Articles of Ar	Amendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Manica Onellette  Name of Person  Watersedge Cocaa Beach Proper  Firm/Company	ties LCS
	145 E MACHIA LN UNIT	<del>+</del> 1
	Coca Beach FL 32931  City/State and Zip Code	_
	E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	。 (3) 人
Monico	Person at (518) 4610222  Area Code Daytime Telephone Numb	
Name of P	Person Area Code Daytime Telephone Numb	ner 5 3
Enclosed is a check for the	following amount:	. ,
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy	Filing Fee, cate of Status & ed Copy nal 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	oc. ch Properties LLC  ny as it now appears or our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on $1/1/2019$ and assigned:
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	979 South Old US 23 Brighton, MI 48114
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<u> </u>
Name of New Registered Agent: Ger  New Registered Office Address: 356  The	8 Nov M Circle  Enter Florida street address  VI Lag CS Florida  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 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>	Name (	Address	Type of Action
MGR	Gerald Fodd Ckrk	Address  979 South Old US 23  Brighton, MT 48/14	Add
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fan effective d <u>Note:</u> If the c	e, if other than the date of f the is listed, the date must be specifi ate inserted in this block does re- fective date on the Department	c and cannot be prior to not meet the applicable	date of filing or more that le statutory filing requ	(optional) n 90 days after filing.) Pursua irements, this date will no	nt to 605.0207 (3 t be listed as th
e record s The 90th	pecifies a delayed effective day after the record is file.	ve date, but not a ed.	an effective time,	at 12:01 a.m. on the	e earlier of:
Dated $\frac{i}{J}$	4/209	<u>2019</u>			
	4/20A Monica Signature	Oue Cle	red representative of a m	ember	
	MONICA				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00