L18000291342

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		stration Section of Corp						
enth itte		New Watero	of SWFL					
SUBJEC	21; <u>,</u>	Name of Limited Liability Company						
			mendment and fee(s) are subt					
ricase re	tum	an correspon	Lorelle J. Justice	o the following.				
				Name of Person				
			New Waterof SWFL					
				Firm/Company				
	2708NW 7th St							
	Address							
			CapeCoralFL 33993					
				City/State and Zip Co	ode			
			lorellejoy.justice@icloud.c	o be used for future and				
For furth	er in	formation co	ncerning this matter, please ca		пиаттероті подпісації	,	<u>.</u>	A
Lorelle .	Justi	ce		239 at ()	233-5823		33 33 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	
Enclosed	Lisa	Name of check for the	Person following amount:	Area Code	Daytime Telep	hone Number	10 (GLA)	
		ling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy i	у	☐ \$60.00 Fiting Fee Certificate of Sta Certified Copy (additional copy is e	atus &	Ę

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

New Waterof SWFL			
(Name of the Limited Lia (A Flo.	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L18000291342	v Company were filed on 12/20/2018	and ass	igned
This amendment is submitted to amend the following	:		
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:		
The new name must be distinguishable and contain the words "I	limited Liability Company," the designation "LLC" or the abb	reviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			*
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enter t</u> <u>ddress here</u> :	he náme ထို လ သ	of the ne
Name of New Registered Agent:		<u>2</u>	121
New Registered Office Address:	Enter Florida street address	<u> </u>	<u> 132</u> - 現一
	, Florida		
	Circ	Zin 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>	<u>Name</u>	Address	Type of Action
MGR	Lorelle Justice	Same As Above	€ Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
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ective date, if other than	the date of filing:			(optional)	
effective date is listed, the date e: If the date inserted in thiument's effective date on the	must be specific and cannot is block does not meet the	be prior to date of fi applicable statute	ing or more than 90 da	ys after filing.) Pursuant t	o 605.0: Elisted
record specifies a dela he 90th day after the		out not an effe	ctive time, at 12	:01 a.m. on the e	arlier
01/24/2019 ed	3pm	ı			
of a		Trostino	entative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00