L19000050661

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COVER LETTER

Division of Cor	porations		
Azure Wate	er Bottling of Florida, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Taryn Hartnett		
		Name of Person	
	Chapman Law Group, PLC		
		Firm/Company	
	12008 South Shore Blvd	Ste 105	
	• • • • • • • • • • • • • • • • • • • •	Address	
	Wellington, FL 33414		
		City/State and Zip Code	
	teh@chapmanlawgroup.net		
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
Taryn Hartnett		at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)

MAILING ADDRESS:

TO:

Registration Section

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

Azure Water Bottling of Florida, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/20/2019	and assigned
Florida document number 1.19000050661	<u> -</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		10 10 10 10 10 10 10 10 10 10 10 10 10 1
(Mailing address MAY BE A POST OFFICE BOX)		至一
		=
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
	, Fi	lorida
	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 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 Robert	Robert Prann	1903 Greenleaf Lane	
		Plantation, FL 33324	
			≅ Remove
			Change
MRG Property Resources Associates, LLC	12008 South Shore Blvd., Ste 105		
	Wellington, FL 33414		
			Remove
			Change
			□ Add
		☐ Remove	
		Change	
			D Add
		Remove	
		Change	
		DAdd	
		□ Remove	
		Change	
		🗆 Add	
			☐ Remove
			☐ Change

•	•
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	april 16 2019.
	·

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Typed or printed name of signee

Filing Fee: \$25.00