L19000062 302

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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co				
	ATER PROS LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
	JAMES A. LEE			
		Name of Person		
	PURE WATER PROS LL	C		
		Firm/Company		
	450 SE 138 AVE			
		Address	;	
	OLD TOWN, FL 32680		:	
		City/State and Zip Code	 `.	
	ANDYSPUMPANDWELL	.@GMAIL.COM to be used for future annual report no		
For further information	concerning this matter, please c	-	antawn)	
JAMES A, LEE		352 498-3038		
Name of Person		at () Area Code Dayti	ime Telephone Number	
Enclosed is a check for	-			
□ \$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 Addre		Street Address:		
Registration Section Division of Corporations		Registration Section 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

PURE WATER PROS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Fiorida D	united matrices Company)	
The Articles of Organization for this Limited Liability Con-	npany were filed on MARCH 4, 2019	and assigned
Florida document number L19000062302		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
		I
Enter new mailing address, if applicable:		(
(Mailing address MAY BE A POST OFFICE BOX)		-
		· · · · · · · · · · · · · · · · · · ·
agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S
	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Registered A	•	z.p Code
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capacity. I fun uplete performance of my duties, an ut as provided for in Chapter 605, .	id I am familiar with and F.S. Or, if this document is
ī	lf Changing Registered Agent, <u>Signature o</u>	f 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
AMBR	JODIE CULVERHOUSE	103 N. FRENCH STREET	
		FORT MEADE, FLORIDA 33841	Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Ghange
			□ Add
			□ Remove
			□Change
		 -	🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			Changa

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ective date, if other than the da	ite of filing:		(optional)	
effective date is listed, the date must be e: If the date inserted in this block	c does not meet the ap	plicable statutory			
ument's effective date on the Depa	irtment of State's reco	ords.			
ord specifies a delayed effective d	ate, but not an effecti	ve time, at 12:01 a	ı.m. on the earlier	of: (b) The 90th	day after the
s filed.					·
JANUARY	2023				
ed	·	·			
\wedge	_				

Filing Fee: \$25.00