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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Water		VanLewis Home Soluti ited Liability Company	ions LLC
The enclosed Art	ticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Shan	non Stahlin	
			Name of Person	
		Direc	t Incorporation	
			Firm/Company	
		315 \	N Huron St Ste 240	
			Address	
		Ann	Arbor, MI 48103	
			City/State and Zip Code	
			ments@directincorp.co	
			to be used for future annual repo	rt notification)
For further infor	mation coi	ncerning this matter, please ca	all:	
Shannon			at (<u>877</u>)	281-6496
	Name of !	Person	Area Code D	Daytime Telephone Number
Enclosed is a che	eck for the	following amount:		
□ \$25.00 Filing	g Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy fadditional copy is enclosed	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Registration S Division of C Clifton Build	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WATER CURE LLC		ه به دس
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records. da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/22/2019	and assigned.
Florida document number L19000138022		- 7
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the lin	nited liability company here:	
VanLewis Home Solutions LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	
		
Enter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)		
	 	
B. If amending the registered agent and/or reg	ictored office address on our records	anter the name of the
registered agent and/or the new registered office ad		enter the name of the
	 -	
Name of New Registered Agent:		
New Registered Office Address:		
New registered Office Address.	Enter Florida street address	
	, Flo	rida
	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			□ Change

. II AIIR	ending any other informat	ion, enter change(s) n	ere: (Anach adam	onai sneets, ij necessai	·y.)
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Note:	tive date, if other than the fective date is listed, the date mus. If the date inserted in this blonent's effective date on the De	ock does not meet the app	dicable statutory filir	optional (optional) nore than 90 days after filing ng requirements, this date) g.) Pursuant to 605.0207 (2 e will not be listed as th
	cord specifies a delayed 90th day after the reco		not an effective	time, at 12:01 a.m.	on the earlier of:
Dated	September 5	2019	_		
	$\subset C$				
		Signature of a member or a	uthorized representative	e of a member	
	Shannon Stahlin, Author				

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Filing Fee: \$25.00