## L19000143386

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## **COVER LETTER**

TO: Registration S Division of Co			•	
	FGLOBAL WATER, LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	CARLOS ORTIZ			
		Name of Person		
	PROTECH GLOBAL WA	TER, LLC		
		Firm/Company	<del></del>	
	5121 NW 79TH AVE UNI	FT #2		
	<del></del>	Address		
	DORAL, FL 33166			
	ALL DEEL ODID A @CMAL	City/State and Zip Code	2020 JUL 15 SECRETA STALLARA	
	ALLBSFLORIDA@GMAI	to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	·	$\omega$	:
CARLOS ORTIZ		305 338-2943	AH 7	, CI
Name (	of Person		Telephone Number ( 57)	
Enclosed is a check for t	the 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 Addre		Street Address:		
Registration Division of (		Registration Sec Division of Cor		
P.O. Box 63.		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROTECH GLOBAL WATER, LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000143386}{L19000143386}$	were filed on $\frac{05/29\%}{}$	2019	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our reco	TALL AHASSEE THE NAME OF SECRETARY S	2020 Julian San Pegistered
	Enter Florida .	street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and I am fam pter 605, F.S. Or, if t	iliar with and his document is

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	MANUEL ALEJANDRO ORTIZ	4401 N.W. 87TH AVENUE	<b>=</b> Add
		UNIT #224	□Remove
		DORAL, FL 33178	
MGR	JOSE ANDRES MALDONADO	4585 GARDENS PARK BOULEVARD	<b>≣</b> Add
		UNIT #6211	□Remove
		ORLANDO, FL 32839	□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			Remove
			□Change
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			□Remove
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			🗀 Change

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	-	·		
CARLOS ORTIZ  Typed or printed name of signee	CARLOS ORTIZ			

Filing Fee: \$25.00