

L19 000 175 452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

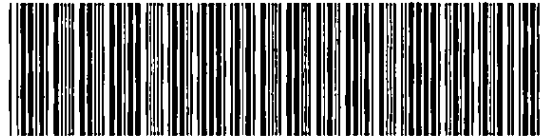
(Document Number)

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FILED  
2021 FEB 25 AM 6:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER  
MAR - 4 2022



RECEIVED

2022 FEB 25 AM 8:16

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FL

January 6, 2022

ADAM J. PETERSON  
425 EASY STREET  
SEBASTIAN, FL 32958

SUBJECT: J AND A ELITE SERVICES LLC  
Ref. Number: L19000175452

We have received your document for J AND A ELITE SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 222A00000401



# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PARTED WATERS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADAM J PETERSEN  
Name of Person

PARTED WATERS LLC  
Firm/Company

8686 104TH AVE  
Address

VERO BEACH, FL 32967  
City/State and Zip Code

ajpajp1981@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM J. PETERSEN at (772) 501 0643  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

J AND A ELITE SERVICES LLC

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

2021 FEB 25 AM 6:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/08/2019 and assigned Florida document number L19000175452.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PARTED WATERS LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

8686 104TH AVE

VERO BEACH FL 32967

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8686 104TH AVE

VERO BEACH FL 32967

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ADAM J PETERSEN</u>	<u>8686 104TH AVE</u>	<input type="checkbox"/> Add
		<u>VERO BEACH FL 32967</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2<sup>nd</sup> REQUEST TO CHANGE NAME, UPDATING ADDRESS.

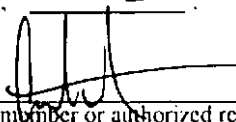
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 21<sup>ST</sup> 2022.



Signature of a member or authorized representative of a member

ADAM J PETERSEN

Typed or printed name of signee