## 420 0000057120

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	egistration Sectivision of Corp			
SUB IT CT	FUN WATE			
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fec(s) are sub	emitted for filing	
		ndence concerning this matter	-	
		ELIO VECCHIONACCE		
			Name of Person	
		FUN WATER LLC		
			Firm/Company	
		6950 CYPRESS RD STE	218	Name of Person  Firm/Company  Address  City/State and Zip Code  c used for future annual report notification)  321 9472742  at (
			Address	
		PLATATION FL 33137		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For further	information co	oncerning this matter, please co	all:	
ELIO VEC	CHIONACCE		321 9472742	
	Name of	Person		ne Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	• •	Certificate of Status & Certified Copy
	ailing Address			
	egistration S ivision of Co			
	O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUN WATER LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on ou Limited Liability Company)	r records,)
he Articles of Organization for this Limited Liability Colorida document number <u>L20000057120</u>	ompany were filed on FEBRUA	RY 20,2020 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
//A		
e new name must be distinguishable and contain the words "Limi	ted Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDR	ESS)	20
		280 71
nter new mailing address, if applicable:	N/A	- ω F
Mailing address MAY BE A POST OFFICE BOX)		3 3
		6.
		<b>S</b>
<ul> <li>If amending the registered agent and/or registered gent and/or the new registered office address here:</li> </ul>	l office address on our records	, enter the name of the new registo
Name of New Registered Agent: N/A		
New Registered Office Address:		
THE RESIDENCE OF THE PROMEST.	Enter Florida stre	et 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>	Address	Type of Action
AMBR	JOSE G LUCENA	6890 CYPREES RD STE 218	
		PLANTATION FL 33137	_
			<b>■</b> Change
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ffective date, if other than t	he date of filing:		(option	nal)
an effective date is listed, the date in source. If the date inserted in this ocument's effective date on the	nust be specific and cannot be block does not meet the	applicable statutory	or more than 90 days after fi	ling.) Pursuant to 605.020
record specifies a delayed effect is filed.	tive date, but not an effec	ctive time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
, MARCH II	2020			
Pated		•		
	Signature of a member of	1 5000000		
	1014.6-64	4 61 116-6- 5		
	Signature of a member of	or authorized represent	ative of a member	