

L20000 119131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

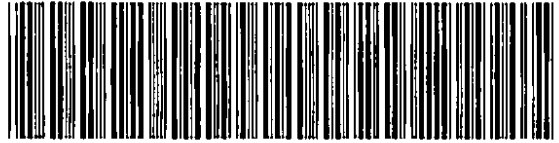
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 - 2 10:10:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~XXXX~~ Satori Waters
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 S Cain-Rodriguez
Name of Person

Satori Waters
Firm/Company

1074 SW 24th Ave #8
Address

Boynton Beach FL 33426
City/State and Zip Code

Adam.Cain25@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Cain at (561) 374-0924
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



2020 SEP - 11 12:13

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2020

ADAM S CAIN-RODRIGUEZ
1074 SW 24TH AVE
BOYNTON BEACH, FL 33426

SUBJECT: SATORI WATERS LLC
Ref. Number: L20000119131

We have received your document for SATORI WATERS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 820A00015295

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Satori Waters LLC

10.31.20 -2 AM 10:18

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

The Articles of Organization for this Limited Liability Company were filed on 5-4-2020 and assigned Florida document number L20000119131.

This amendment is submitted to amend the following:

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

Satori Waters Pool and Spa 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)

1074 SW 24th Ave

Boynton Beach FL 33426

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1074 SW 24th Ave

Boynton Beach FL 33426

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

City, Florida 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|------|---------|---------------------------------|
| | | | <input type="checkbox"/> Add |
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[illegible]

(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)

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 AUGUST 21, 2020

John C. Cochrane

Signature of a member or authorized representative of a member

Adam Cain-Rodriguez

Typed or printed name of signee