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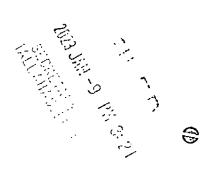


## **COVER LETTER**

	istration Sec sion of Corp			·
SUBJECT:	WATER4A	DVENTURE LLC		
JOBECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		James Andrews		
			Name of Person	
		Andrews Accountancy LL	С	
			Firm/Company	<del></del>
		8566 NW 19th Dr		
			Address	
		Coral Springs, FL 33071		
		jand592040@aol.com	City/State and Zip Code	
			to be used for future annual report :	notification)
For further in	formation co	ncerning this matter, please or	all:	
James Andre	ws		305 323 1278	
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed is a	check for the	e following amount:		
<b>≘ \$</b> 25.00 F	iling Fee	S30.00 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

WATER4ADVENTURE LLC	
(Name of the Limit	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number <u>L20000139754</u>	iability Company were filed on 05/22/2020 and assigned
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f the limited liability company here:
JALINGO LLC	
The new name must be distinguishable and contain the w	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic (Principal office address MUST BE A STREE	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE)	<u></u>
B. If amending the registered agent and/or ragent and/or the new registered office addres	· <del></del>
Name of New Registered Agent:	address should read
New Registered Office Address:	Enter Florida street address
Correction of svite 304B	DELKY PUKCH, Florida 33453

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 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
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cord specifies a	ı delayed effectiv	re date, but not an eff	ective time, at 12	01 a.m. on the earlier	r of: (b) The 90	th day after t
January 2		202	1			
ed	<del></del>					
		Signature of a member	r or authorized repri	sentative of a member		

Filing Fee: \$25.00