## L20000145906

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## **COVER LETTER**

TO: Registration Se Division of Co			
The Water	Station LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Graciela Vidal		25
	<del></del>	Name of Person	، د سب
	The Water Station LLC		
		Firm/Company	1
	375 Cedarbrook Ln.		
		Address	
	Altamonte Springs, FL 32	714	<b>(</b>
	gvidal78@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	ali:	
Graciela Vidal		407 4048569	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	XI \$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 Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Water Station LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company)	)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 08/17/2020	and assigned
Florida document number <u>L20000145906</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "ELC"	or the abbreviation "L.L.C."
		~;
Enter new principal offices address, if applicable:		·
<u>Principal office address MUST BE A STREET ADDRE</u>	<u></u>	
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Protein and the state of the st		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered of sent and/or the new registered office address here:	office address on our records, <u>enter tl</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	iida
<del></del>	, rior	Ziv 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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Vidal, Graciela	375 Cedarbrook Ln., Altamonte Springs, FL 32714	🗀 Add
			Remove
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			🗆 Add
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	11/01/20	23		
Effective date, if other than the d If an effective date is listed, the date must I Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prock does not meet the app	licable statutory filing rec	quirements, this date will not be I	505,0207 (i isted as th
ne record specifies a delayed effective ord is filed.	date, but not an effectiv	e time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day a	tter the
Dated November 1,	2023	·		
	10	a dione		

Filing Fee: \$25.00

Typed or printed name of signee