## L20000173202

(Requestor's Name)
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SECRETARY OF STATE OF STATE OF CORPORATIONS

SEP 1.5 2020 D CUSHING

## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Division of Cor	porations			
WATERS	UNITED			
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ndence concerning this matter	to the following:		
	RUTH A MCCRACKIN			
		Name of Person		
	WATERS UNITED, LLC			
		Firm/Company	<del></del> .	
	937 BRENTON LEAF DR	RIVE		
		Address		ر
	RUSKIN FL 33570			20 .
		City/State and Zip Code		ASTON OF CO
	RUTH@WATERSUNITEI			三
		to be used for future annual report notifi	cation)	COFFORATION PM 3: 54
For further information c	oncerning this matter, please c	all:		<u>ယ</u> ့ ည
RUTH MCCRACKIN		813 421-3077 at ()		7. 2.108.
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne 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 For Certificate of \$\text{Copy} (additional copy is	tatus &
Mailing Address Registration S	Section	Street Address: Registration Sec		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

WATERS UNITED, LLC

(A Florida L	imited Liability Company)		
The Articles of Organization for this Limited Liability Cor	and as	and assigned	
Florida document number L20000173202			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the ab	breviation "!	الما <sub>ت</sub> C."
Enter new principal offices address, if applicable:		20	E S
(Principal office address MUST BE A STREET ADDRE	.S.S.)	Jul	28
			20 E
		P. H.	200 200 200 200 200 200 200 200 200 200
Enter new mailing address, if applicable:		ယ္	180 180
(Mailing address MAY BE A POST OFFICE BOX)		মূ	ATE ATE
			7.24
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	office address on our records, enter the nam  Enter Florida street address	e of the no	ew register
	, Florida	Zip Code	<del></del>
New Designand Agent's Signature if showing Designand	City	Zip Coae	;
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I am f int as provided for in Chapter 605, F.S. Or,	amiliar w if this doc	ith and cument is

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
MGR	KIWANIS L. HARDINE SR	11325 WILLOWCREST COURT	□Add
		CHESTERFIELD, VA 23832	■Remove
		<del></del>	
		<del></del>	□Remove
			□ Change
			□ Add
			Remove
			Change
		<del> </del>	□Remove
			Change
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			□Remove
			Change
	<del></del>	<del> </del>	□Add
			Remove
			□Change

Typed or printed name of signee