## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future . annual report mailings. Enter only one email address please.\*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MADISON WATERSTAR MF, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

### **COVER LETTER**

TO: Registration Se Division of Con			
Madison W	aterstar MF, LLC		
SUBJECT:	Name of Lim	ited Liubility Company	••
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joe F. Teague, Jr.		
	<del> </del>	Name of Person	· · · · · · · · · · · · · · · · · · ·
	Madison Capital Group LI	LC .	
		Firm/Company	•
	6805 Morrison Blvd., Suit	e 250	
	<del></del>	Address	
	Charlotte, NC 28211		
		City/State and Zip Code	
	joe@madisoncapgroup.com E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please o	ail:	
		at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing 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		Street Address: Registration Sec	etion
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T	porations
Tallahassee,			e Street, Suite 810

H20000319667 3

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

(Name of the Limited Liability Compan (A Florida Limited Li	v as if now appears on our records, ability Company)	5
The Articles of Organization for this Limited Liability Company vi Florida document number L20000207758	were filed on July 22, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company bere:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	<del></del>	<u> </u>
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		SEP SEP
Enter new mailing address, if applicable:		
Mulling address MAY BE A POST OFFICE BOX		
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		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
1.44.	Enter Florida street address	•
	, Flo	orida

#### 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>	Name	Address	Type of Action
AMBR	Ryan Hanks	6805 Morrison Blvd., Suite 250, Charlotte, NC 2821	
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			DChange
		<del></del>	<sub>→</sub> □Add
		<del> </del>	Remove
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		c en:				(	
ective date, if other to effective date is listed, th	.nan the date e date must be sp	or ming; ecific and c	annot be prior	to date of filing or	more than 90	_ (optional) days after filing.)	Pursuant to 605.0
te: If the date inserted ument's effective date	in this block do on the Departm	pes not me nent of Sta	et the applicates records.	ble statutory fil	ing requirem	ents, this date	will not be listed
cord specifies a delaye	d effective date	, but not a	n effective tir	ne, at 12:01 a.m	ι. on the earli	er of: (b) The	90th day after t
s filed.							
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ed <u>Soptember</u>	L	4/	mil	rized representati	<u></u>	<u></u>	

Filing Fee: \$25.00