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OF COMPONATIONS

22 MAY 13 AM Q- 18

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JUL 14 2022

## **COVER LETTER**

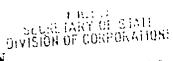
C. Name of Limi		
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	ted Liability Company	
dinent and fee(s) are sub-	nitted for filing.	
e concerning this matter t	to the following:	
mani Waters		
	Name of Person	
VatersWay L.L.C.		
	Firm/Company	
25 Disa Drive		
	Address	
avenport, Florida 33837		
e.waters@gmail.com	City/State and Zip Code	
F-mail address: (to	o be used for future annual rep	ort notification)
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ations		of Corporations e of Tallahassee
	te concerning this matter to mani Waters  WatersWay L.L.C.  25 Disa Drive  Davenport, Florida 33837  re.waters@gmail.com  E-mail address: (to ming this matter, please can matter)  Dwing amount:  \$30.00 Filing Fee &	Name of Person  VatersWay L.L.C.  Firm/Company  25 Disa Drive  Address  Davenport, Florida 33837  City/State and Zip Code  re.waters@gmail.com  E-mail address: (to be used for future annual repoing this matter, please call:  229 561-  at (

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 



22 MAY 13 AM 9: 18

Waters Way L.L.C.		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on o ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on8/25/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited h	ability company here:	
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the design:	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our recor	ds. <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reei address
		, Florida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered offi- company has been notified in writing of this change.	ete performance of my c as provided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document 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

Title	<u>Name</u>	Address	Type of Action
MGR	Jerome Waters	P.O. Box 6055 Valdosta, GA 31602	
			■Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than t an effective date is listed, the date r ote: If the date inserted in this	the date of filing:	date of filing or more than 90 da le statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.020 its, this date will not be listed a
ocument's effective date on the			
record specifies a delayed effec	tive date, but not an effective time	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
record specifies a delayed effect is filed.  May 6	2022	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
record specifies a delayed effect is filed.  May 6	2022	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
record specifies a delayed effect is filed.  May 6	:	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
record specifies a delayed effect is filed.	2022		of: (b) The 90th day after the

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