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L2CCC	0392950
(Requestor's Name) (Address) (Address)	500377657605
(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status	12/22/2101008011 **25.00
Special Instructions to Filing Officer:	
Office Use Only	A. BUTLER JAN 11 2022

COVER LETTER

TO:		istration Section ision of Corporations	
SUBJE	ECT:	Brenda Waters LLC	
		Name of Limited Liability Company	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (<u>91</u> Sumber

Enclosed is a check for the following amount:



☐ S30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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 \$10 Tallahassee, FL 32303

ARTICL	ES OF AMENDMENT	· · · · ·
	ТО	
ARTICLE	S OF ORGANIZATIO	N
	OF	1
\cap	A	
(Name of the Limited Liabi (A Florid	D WOLCK HL illity Company as it now appears on da Limited Liability Company)	<u>2</u> 221 670 1 2, U. 40 our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L200039295</u>	Company were filed on <u>12</u>	1626 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Brenda A IA	laters LLC	
The new name must be distinguishable and contain the words "I	mited Liability 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 ADD	<u></u>	
Enter new mailing address, if applicable:	······································	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		. Florida
	<i>Ciţ</i> ι	Zıp 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. Thereby 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	<u>Address</u>	Type of Action
			🗆 🗠 🗠
			Remove
			⊡Change
·			🖾 Add
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			⊡Change

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Page	2	of	3
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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F Ffforti	ve date, if other than the date of filing: <u>2021</u> (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
<u>Note:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the out's effective date on the Department of State's records.
oot unit	at senten e tele on the beparately of once of reorbs.
- M . 4	the state of the state data but not an effective time at 12:01 a much the earlier of:
if the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	12 11e 2021
Dated_	······································
	KAINA (INFILE IS
	Signature of a member or authorized representative of a member
	princh waters
	Typed of printed name of signee

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

BRENDA A WATERS

23334 LEHIGH AVE

PT CHARLOTTE, FL 33954

· · ·

Date of this notice: 11-11-2019

Employer Identification Number: 84-3640430

Form: SS-4

Number of this notice: CP 575 G

BRENDA WATERS OF STILL WATERS For assistance you may call us at:

1-800-829-4933

IF YOU WRITE, ATTACH THE STUE AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-3640430. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent. records.

When filing tax documents, payments, and related correspondence, it is very important. that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and roturn it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing 3 corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the 3 corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your cax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is WATE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

. . .

(IRS USE ONLY) 575G

11-11-2019 WATE O 9999999999 SS-4

 Keep this part for your records.
 CP 575 G (Rev. 7-2007)

 Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.
 CP 575 G

 Your Telephone Number
 Best Time to Call
 DATE OF THIS NOTICE: 11-11-2019 EMPLOYER IDENTIFICATION NUMBER: 84-3640430 FORM: 55-4

BRENDA A WATERS BRENDA WATERS OR STILL WATERS 23334 LEHIGH AVE PT CHARLOTTE, FL 33954