L21000040436

Office Use Only



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A. BUTLER APR 1 1 2022

COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor					
end neze	DARKWATER PARTNERS1 LLC					
SUBJEC	Name of Limited Liability Company					
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		CHARLES MCKINLAY				
			Name of Person			
	DARKWATER PARTNERS1 LLC Firm/Company					
		824 NW 250TH TER, STE 130				
		Address				
		NEWBERRY, FL 32669 City/State and Zip Code				
		CASEY@DARKWATERP		NERS1.COM used for future annual report notification)		
For furthe	er information co	oncerning this matter, please co	•	incariony		
CHARLES MCKINLAY		?	352 278-7383			
	Name of	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	00 Filing Fee	☐ \$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 Addres Registration S		Street Address: Registration Sc	etion		
	Division of C		Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DARKWATER PARTNERSI LLC

2022 HAR 28 PM 3: 37

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SERETARY OF S The Articles of Organization for this Limited Liability Company were filed on $\frac{01/20/2021}{}$ and assigned Florida document number 121000040436 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _ , Florida ___ City 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, 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>	<u>Address</u>	Type of Action
MGR	STEVEN COX	824 NW 250TH TER, STE 130	≣Add
1		NEWBERRY, FL 32669	□Remove
MGR	KELLY MCKINLAY	615 SW 80 DRIVE	= Add
		GAINESVILLE, FL 32607	
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		<u> </u>	□Add
			□Remove
			□Change

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(If an effect Note: If	e date, if other than the date of filing:
ne record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated _	March 23 . 2022.
	Ifm in
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00