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(Re	equestor's Name	a)
(Ac	idress)	
(Ac	dress)	
(Cir	ty/State/Zip/Pho	ne #)
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(Bu	siness Entity Na	ame)
(Do	cument Numbe	r)
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		ECH 239 LLC		
SOBJEC	-1	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Filing Department		
			Name of Person	
		BetterLegal		
			Firm/Company	
		750 North Saint Paul St St	uite 250, PMB 35833	
			Address	
		Dallas, TX 75201		
		<u></u>	City/State and Zip Code	
		m.witten@ymail.com		
			to be used for future annual report notif	ication)
For further	er information co	oncerning this matter, please ca	all:	
Filing Te	am		512 969-2339 at()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25. 0	0 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 ADDRESS:

 $(\mathbf{r}_{i}, \mathbf{r}_{i}, \mathbf{r$

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

21 SEF 27 PH 12: 17

WATERTECH 239 LLC		
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000175948.	were filed on 04/15/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1510 NW 13TH AVECAPE COI	RAL, FL 33993
(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 of registered agent and/or the new registered office address her	•	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	City	Zip 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, 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

MGR = N $AMBR = A$	lanager Authorized Member	21 SEP 27 PH 12: 17	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
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			☐ Change
			□ Add
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	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 c does not meet the applicable statutory filing requirements, this date will not be listed as
ne record specifies a delayed ef The 90th day after the record	effective date, but not an effective time, at 12:01 a.m. on the earlier of d is filed.
Dated September 7	<u>2021</u> .
Mica	hael Witten
Mica Sig	gnature of a member or authorized representative of a member

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Filing Fee: \$25.00