Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : I2004000007 Phone : (305)640-0281 Fax Number : (305)489-2902

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASHABA WATER CHARTER, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

NOV 16 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

2021 NOY 15

COVER LETTER

| NUBJECT: | Name of Lin | nited Liability Company | | | |
|--|---|-------------------------|---|--|--|
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| | · | - | | | |
| | LAZARO R VALDES | | | | |
| Division of Corporations ASHABA WATER CHARTER 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: LAZARO R VALDES Name of Person | | | | | |
| | BA WATER CHARTER LLC Name of Limited Liability Company stof Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: LAZARO R VALDES Name of Person ASHABA WATER CHARTER LLC Firm/Company 10360 SW 146 AVE Address MIAMI, FL 33186 City/State and Zip Code laxmye2001@yahoo.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (| | | | |
| Firm/Company 10360 SW 146 AVE Address | | | | | |
| | 10360 SW 146 AVE | | | | |
| | | Address | | | |
| | MIAMI, FL 33186 | | | | |
| | | City/State and Zip Code | | | |
| | | | 3 Ja | | |
| For further information o | | - | tification | | |
| LAXMY CHACON | | 305 640-0281 | | | |
| Name o | d Person | Area Code Daytie | ne Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy | | |
| | | | ection | | |
| Division of Corporations | | Division of Co | | | |
| | | | | | |
| rananassee, l | L C 22314 | 2415 N. Monro | oc Street, Suite 810 | | |

Tallahassee, FL 32303

From: LAXMY CHACON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ASHABA WATER CHARTER LI | LC | | 考 第 |
|--|---|-----------------------------------|-----------------------|
| (Name of the Lim | ted Liability Company as h now appears ((A Florida Limited Liability Company) | on our records.) | |
| | (A Florida Limited Liability Company) | | 5 gan |
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| | | and | d as தா ed த்த |
| Florida document number L21000384164 | ··· | | ラ三部 |
| | | | — Ç |
| This amendment is submitted to amend the following | lowing: | | _ |
| A. If amending name, enter the new name of | of the limited liability company here | 2: | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the desi | gnation "LLC" or the abbreviation | n TLLC." |
| Enter new principal offices address, if applie | cable: | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | |
| | | | · |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | |
| | | | |
| | ************************************* | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office address on our reco ss here: | ords, enter the name of the | new registered |
| Name of New Registered Agent: | ALBERTO F TORRES | * | |
| Man Barbara I Office A M | | | |
| New Registered Office Address: | Europ Classife | remate address | |
| | inter Parado | , Tri pet menn 239 | |
| | | , Florida | |
| Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | Zip C | ode | |

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

To: +18506176383 + Page, 5 of 6 2021-11-15 21:27:35 GMT 13054892902 From: LAXMY CHACON

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 | Name | Address | Type of Action |
|-------|------------------|------------------|----------------|
| MGR | LAZARO R VALDES | 10360 SW 146 AVE | |
| | | MIAMI, FL 33186 | Remove |
| | | | □Change |
| AMBR | ALBERTO F TORRES | 10360 SW 146 AVE | ■ Add |
| | | MIAMI, FL 33186 | □Remove |
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| [If an eff Note: | ive date, if other than the date of filing: [11/10/2021] [ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records. | 605.02 listed | .07 (3 as th |
| e recor rd is fi | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a led. | fter tl | ie |
| Dated | Lasson RValle. | | |
| | Signature of a member or authorized representative of a member | | |
| | LAZARO R VALDES | | |