L21000410607

(Re	equestor's Name)	<u>-</u>
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration So Division of Con			
SUBJECT: No	otive Wate Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	<u>-</u>	
r lease retain an correspo	midence concerning this number	to the following.	
	Mark (Rottwell Name of Person	
	Nativa	Firm/Company	<u>C</u>
	1379 S.	Wtobley C	arcle
	Port Oran	City/State and Zip Code	28
	P. mail addings: (h	**************************************
		to be used for future annual report not	nication)
For further information of	concerning this matter, please ca	all:	
Micheltz Name o	Rothwall Person	at (3Blo) 5ldo Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25,00 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)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOTIVE WATER	TS, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \(\lambda \)	were filed on $9 - 10 - 3$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and contain the words "Limited Liabil."		e abbreviation SL.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA	1021 OCT +6 SECRE 57R (
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	AM 9: 53 OF STATE SEE, FI
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	Ciţy	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 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 Name Address Type of Action MGR Thomas Ganz, Jr 1533 Harmony Ave &Add Drownd Boach, FL Remove MGR Erina Ganz 1533 Harmony Ave &Add Ormand Broach, FL Remove ______ □ Remove □Remove ______ □Remove

	Adding 2 additional managers. (Attach additional sheets, if necessary.)
(If an ef Note:	ive date, if other than the date of filing:
he recor	rd 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 led.
Dated	October 1st 2021
	Signature of a member or authorized representative of a member
	~