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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
Best Water	, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
		_		
riease return an correspe	ondence concerning this matter	to the following:		
	Nicole Gutches			
		Name of Person		
		Firm/Company		
	4819 SW 11th Court			
		Address		
	Plantation, FL 33138			
		City/State and Zip Code		
	nicolegutches@icloud.com	to be used for future annual report no	orification)	
For further information c	oncerning this matter, please o		omeanon)	
	S			
Nicole Gutches		954 618-9393 at ()		
Name o	f Person	Area Code Dayti	ime Telephone Number	
Enclosed is a check for the	ne 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)	
Mailing Addres Registration S		Street Address: Registration S	Section	
Division of Corporations		Division of Co	orporations	
P.O. Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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2022 JUL 26 AM 9: 55

Best Water LLC

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

The Articles of Organization for this Limited Liability Completion of Organization for this Limited Liability Completion of Organization for this Limited Liability Complete C	pany were filed on Decemb	and assigned
Florida document number		
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our recor	ds, enter the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	treet address
		, Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>tent:</u>	
hereby accept the appointment as registered agent and		
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent		

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>	Address	Type of Action
AMBR	Cristina Reyes	4819 SWIIM court, Diantation FL 33317	= Add
			□ Remove
			□ Change
			🗆 Add
			□ Remove
			□Change
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(lf an <u>Note</u>	effective date, if other than the date of filing:
	ord 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
record is	filed.
	M71-1122
Date	4 () () 2() 22
Date	1 07/21/22
Date	Signature of a member or authorized representative of a member

Filing Fee: \$25.00