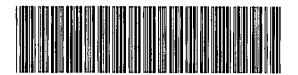
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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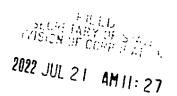
## **COVER LETTER**

Division of Cor		• • •	
Water Nerd SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michael DelGuzzi		
		Name of Person	
	Water Nerds LLC		
		Firm/Company	
	401 East Los Olas Blvd. S	uite 130-188	
		Address	
	Fort Lauderdale, FL 33301		
		City/State and Zip Code	
	Mdelguzzi@thewaternerds.	com  to be used for future annual report notifi	(mytion)
For further information of	oncerning this matter, please c		canony
	oncerning this matter, piease c		
Michael DelGuzzi		954 394-1454 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	·e•	Street Address:	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

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



Water Nerds LLC

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

05/19/22	
were filed on $\frac{05/19/22}{}$	and assigned
bility company here:	
ility Company." the designat	ion "LLC" or the abbreviation "L.L.C."
N/A	
address on our record	s, enter the name of the new registe
Enter Florida stra	not raddrass
enter i noithe sire	
Cin	Florida N/A Zin Code
	N/A N/A N/A N/A N/A

## 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

Fort Lauderdale, FI. 33301	Add Remove
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Effective date, if other than the fan effective date is listed, the date must	date of filing:	ior to date of filing o	or more than 90 days after	onal) filing.) Pursuant to 605.0:	207
Note: If the date inserted in this blo	ock does not meet the appl	licable statutory f	iling requirements, this	s date will not be listed	l as t
document's effective date on the De	partment of State's record	JS.			
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July 18th	2022				
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Dated July 18th	10				
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