

(R	equestor's Name)	
(A	ddress)	
,	ddress)	· •
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
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COVER LETTER .

TO: Registration S Division of Co			
	ATER ASSOCIATION LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Matias Cardenas		
		Name of Person	
	SAFE WAT	ER ASSOCIATION Firm/Company	DN LLC
	834 BLOOMINGDALE I	DRIVE	
		Address	
	DAVENPORT, FL 33897		
		City/State and Zip Code	
	Gustavovergaracardenaa@g	gmail.com (to be used for future annual report noti	direction) ,
For further information	concerning this matter, please c	,	(
Matias Cardenas		813 498-9058	
	of Person	at (e Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFE WATER ASSOCIATION LIC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company florida document number $\frac{L23000152420}{L23000152420}$.	were filed on 03/27/2023 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:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	834 BLOOMINGDALE DRIVE DAVENPORT, FL 33897
Principal office address MUST BE A STREET ADDRESS)	
	• ;
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new regist
gent and/or the new registered office address here:	5.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	Matheus Lopes Ribeiro	5027 TIDEVIEW CIR APT 37	
		ORLANDO, FL 32819	≡ Remove
			□Change
	·		□Add
		-	□Remove
			□ Change
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Tective date, if other than the d an effective date is listed, the date must bote: If the date inserted in this bloc beament's effective date on the Dep	e specific and cannot be prior to k does not meet the applical	o date of filing or more that	(optional) n 90 days after filing.) Pursuan irements, this d ate will not	t to 605.0207 be listed as
ecord specifies a delayed effective (is filed.	date, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th d	ay after the
June 29	2023	==>		
	ignature of a member or author	ized representative of a m	ember	