## L23000543301

	(Requestor's Name)
<del></del>	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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TALLAGASSEE TO DAME

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## **COVER LETTER**

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TO: Registration Se Division of Cor			•	<b>)</b>
SUBJECT:	WATERSONG S	st uc		
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARIA 1	SANDIN		
		Name of Person		
	Muicza	CIVING UL		
		Firm/Company		
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	् रस्प रम्	Address		
	KISSIMMEE	TU 34746 City/State and Zip Code		
		_		
	NUNEZQUIROZ MI E-mail address: (	Le be used for future annual re	eport notification)	
For further information c	concerning this matter, please c	all:		
MARIA NI	INFZ.	at ( <b>32</b> t )	582 -2624	
	f Person	Area Code	Daytime 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 ench	Certificat osed) Certified	te of Status &
Mailing Addres		Street Ad		
Registration 5			tion Section	
Division of C P.O. Box 632	-		of Corporations tre of Tallahassee	
Tallahassee, 1			Monroe Street, Suite 8	10

Tallahassee, FL 32303

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

FILED

WATERSONG 937 U.C. (Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	2024 AUG 30 PM 12: 30
(A Florida Limited Liability Company)	TATE OF STATE
The Articles of Organization for this Limited Liability Company were filed on	JALLAHASSEE. FLORIDA and assigned
Florida document number <u>L23000543301</u> .	
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	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our reco agent and/or the new registered office address here:	ords, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	street address
	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	7.tp+ 0.ac
I hereby accept the appointment as registered agent and agree to act in this cap provisions of all statutes relative to the proper and complete performance of my	

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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