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## **COVER LETTER**

FO: Registration Se Division of Cor			
` SUBJECT:	WATERSONG LO	ot DBI LLC	
		ited 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 ALLIN		
		Name of Person	
	MUICTA LI	VING UC Firm/Company	
	3209 EAGLE	MATTHE DO	
		Address	· · · · · · · · · · · · · · · · · · ·
	New August Pre	2/12 ml	
	<u> Krsimmeé</u> , Pi	City/State and Zip Code	<del>.</del>
	NIIAN ES GINBOS	MARIA DOMAIL COM	
	E-mail address: (	to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all;	
MARIA NUX	\\ <del>-</del>	at ( 321 ) 588 -2	2624
	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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	ic.	Street Address:	
Registration	=	Registration Se	ection
Division of C	<del>-</del>	Division of Co	
P.O. Box 632		The Centre of	
Tallaharena	EL 3231/I	2415 N. Moure	va Strant Suita 210

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

WATERSONIS LOT	530 11C	2024 AUG 30 PH 12: 22
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on Jability Company)	our records.)  JUNE (ANY OF STATE  TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on	
Florida document number <u>124000081967</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 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 a agent and/or the new registered office address here:  Name of New Registered Agent:	uddress on our recor	ds, <u>enter the name of the new register</u>
New Registered Office Address:	Enter Florida s	treet address
	Enter Florida s	rcet address . Florida
-	Enter Florida s City	
		Florida

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 = Anthorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Luis A. Flores	3700 FADM BELL PL	
		LAKE MARY 72 32746	□Remove
			□Change
<del></del>			
			□Remove
		<del></del>	□Change
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	F.C. 23
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	e date, if other than the date of filing:
	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	t's effective date on the Department of State's records.
	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
l is filec	•
1	Aug. 25. 2021
ated	AUGUST 28 2024
	Ashtar Thomas
	P# 1 #FYN: 11367 - 3
	Signature of amember or authorized representative of a member

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