## L24000318267

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## **COVER LETTER**

TO:

Registration Section

Division of Cor	rporations			
GEOWAT				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Or Lotan			
	Name of Person			
	MyLLCcorp Inc			
	<del></del>	Firm/Company		
	415 Crossways Park Dr., S	Suite C		
		Address		
	Woodbury, NY 11797			
		City/State and Zip Code		
	service@myllccorp.com			
	E-mail address: (	to be used for future annual report notific	ation)	
For further information c	concerning this matter, please co	all:		
Or Lotan		917 443-4170 at ( )		
Name o	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 enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations SECULIANS Street, Suite 8107	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEOWATER LLC		
( <u>Name of the Lim</u>	ited Liability Company as it now ap (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited I Florida document number L24000318267		n 07/17/2024 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compan	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREA	ET ADDRESS)	
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on o	
New Registered Office Address:	8700 TIERRA VISTA CIR	
New Registered Office Address.	Enter	A REALTY INVESTMENT LLC  TIERRA VISTA CIR  Enter Florida street address
	KISSIMMEE	Florida 34747
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
provisions of all statutes relative to the proj	oer and complete performanc istered agent as provided for registered office address, I h	in Chapter 605, F.S. Or, if this document is

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
	·		□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			□Change
			□Remove
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			LATE 50

It amending any other i	nformation, enter a	change(s) here: /	Attach additional sh	eets, if necessa	a.A. )	
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Effective date, if other than effective date is listed, the Note: If the date inserted document's effective date	in this block does not	meet the applicable	ate of tiling or more than statutory filing requir	<b>(optional</b> 90 days after filing ements, this dat	) g.) Pursuant to 60 e will not be lis	15,0207 ( sted as t
e record specifies a delayed rd is filed.	d effective date, but no	ot an effective time.	at 12:01 a.m. on the e	arlier of: (b) T	The 90th day aft	er the
August 5		2024				
Dated					(4 🖎	
	6.				2024 SEC TA	
	Signature of .	Luiennier ar authories	ofepresentative of a me	mber	AUG RL FF	<del>(21</del> 1
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Filing Fee: \$25.00