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SECRETARY OF STATE OIVISION OF CORPORATIONS

C. LEWIS

SEP 13 2012

EXAMINER

COVER LETTER

4.

ТО;	Registration S Division of Co					
•	÷	\ A	/-t			
SUBJE	CT:		/ater LLC ited Liability Company			
			, , ,			
The enc	losed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please r	eturn all corresp	ondence concerning this matter	r to the following:			
			Jack Schipper			
Name of Person						
	Carolina Mountain Water					
	Firm/Company					
		3184 Lake Anderson Ave				
			Address			
		Orlando, FL 32812				
	City/State and Zip Code					
		ljschipper@cfl.rr.com E-mail address: (to be used for future annual report notification)				
For furtl	her information of	concerning this matter, please of		mon)		
		ack Schipper		25-3492		
	Name o	of Person	Area Code & Daytime	Felephone Number		
Enclosed	d is a check for t	he following amount:				
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS
2012 SEP 12 PM 12: 43

(Name of the Limited Lial (A Flor	Water LLC bility Company as it now appearida Limited Liability Company)	nrs on our records.)	
The Articles of Organization for this Limited Liabili Florida document number	•	December 21, 1999 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	: 		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Florida		
	City	Zip Code	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address** Type of Action Name 1 MGR Jack Schipper 3184 Lake Anderson Ave Orlando, FL 32812 ☐ Add Remove MGR Clinton Hulcher 1901 Lake Margaret Dr **✓** Add Orlando, FL 32806 Remove ☐ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 11 Dated _ Signature of a member or authorized representative of a member Jack Schipper Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00