

S07357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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NC/AMD  
JUN 25 2013  
R. WHITE

FILED  
13 JUN 25 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2013

KRISTIN GRAHAM  
REVERSE OSMOSIS OF SOUTH FLORIDA INC  
2860 W. STATE ROAD 84 SUITE 108  
FORT LAUDERDALE, FL 33312

SUBJECT: REVERSE OSMOSIS OF SOUTH FLORIDA, INC.  
Ref. Number: S07357

We have received your document for REVERSE OSMOSIS OF SOUTH FLORIDA, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 4 MUST CONTAIN: THE SIGNATURE OF A PRESIDENT, DIRECTOR OR OTHER OFFICER, THE DATE IT WAS SIGNED, THE TYPED OR PRINTED NAME OF THE PERSON SIGNING AND THE TITLE OF PERSON SIGNING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist

Letter Number: 213A00014416

RECEIVED  
13 JUN 25 AM 8:54  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2013

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Regulatory Specialist

Letter Number: 213A00014416

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Reverre Osmosis of South Florida, Inc  
DOCUMENT NUMBER: 507357

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristin Graham  
Name of Contact Person  
Reverre Osmosis of South Florida Inc  
Firm/ Company  
2860 W. State Road 84, Suite 108  
Address  
Fort Lauderdale, FL 33312  
City/ State and Zip Code  
kosmosis@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin Graham at 954 444-6766  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☐ \$35 Filing Fee      ☐ \$43.75 Filing Fee & Certificate of Status      ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)      ☒ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

13 JUN 25 AM 9:20

(Name of Corporation as currently filed with the Florida Dept. of State)

REVERSE OSMOSIS OF SOUTH FLORIDA, INC. S07357

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

REVERSE OSMOSIS INTERNATIONAL, INC.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2860 West State Road 84

Suite 108

Fort Lauderdale, FL 33312

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Kristin Graham

2860 West State Road 84 Ste 108

(Florida street address)

New Registered Office Address:

Fort Lauderdale

, Florida

33312

(City)

(Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

**Example:**

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☐ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	_____	<b>NO CHANGES MADE</b>	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

NO OTHER CHANGES

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: April 10, 2013

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

~~Dated~~

~~6/19/13~~

~~Signature~~

~~(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)~~

~~Kristine S Graham~~  
(Typed or printed name of person signing)

~~Vice President~~  
(Title of person signing)