507357

(Requestor's Name)	
. (Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
Ce' Certificates of Status	_
St I s h Filing Officer.	

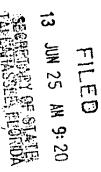
Office Use Only



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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 SIGNITURE 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

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Rebekah White Regulatory Specialist

Letter Number: 213A00014416

COVER LETTER

NAME OF CORPORATION: REVERSE OF MOSISS South Florida I
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following:
V. I fan I.
Kristin Grahay
Name of Contact Person
Reverse On moris of South Florida Inc
Firm/ Company
2460 W. State Road 84, Julk 108
Address
Fort hand exdall, F2 333/2
City/ State and Zip Code
rosmos: > Phelisouth.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
No. 1. Com 1.
KR99tin 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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) CREI ARY OF STATE REVERSE OSMOSIS OF SOUTH FLORIDA, INC. S07357

(Document Number of Corporation (if known)

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

REVERSE OSMOSIS INTERNAT		The new
name must be distinguishable and contain the wera "Corp" "Inc.," or Co.," or the designation "Cor;:" word "chartered," "professional association," or the a	"Inc," or "Co". A professional corporation name n	he abbreviation nust contain the
B. Enter new principal office address, if applicable:	2860 West State Road	84
Principal office address <u>MUST BE A STREET ADD</u>	Suite 108	
	Fort Lauderdale, FI 333	12
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 registere	office address in Florida, enter the name of the	
new registered agent and/or the new registered o	ice address:	
Name of New Registered Agent Kristin C	raham	
	st State Road 84 Ste 108	
	(Florida street address)	
New Registered Office Address: Fort Lau	derdale _{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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		NO CHANGES MADE	
Add			
Remove		:	
2) Change			
Add			
Remove			
3) Change			
Add			
` Remove			
4) Change			 -
Add			•
Remove			
5) Change			
Add			
Remove			
Charres			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	icles, enter change(s (Be specific)	<u>) here</u> :		
NO OTHER CHANGES	(be specific)			
NO OTHER CHANGES	<u>:</u>		· · · · · · · · · · · · · · · · · · ·	
	Nation 1			
				
		· · · · · ·		
F. If an amendment provides for an exch provisions for implementing the amer	ange, reclassificatio	n, or cancellation o	<u>f issued shares,</u> ent itself:	
(if not applicable, indicate N/A) N/A				
			-	
	<u>,</u>			
		<u> </u>		<u></u>
•	<u> </u>			

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 ☐ 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. (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)