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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

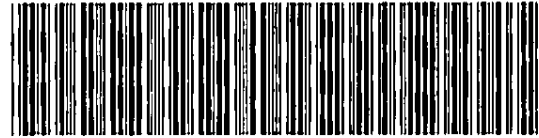
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 30 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

AUG 13 2021

C. Kinsey

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EMERALD HYDRAULIC SERVICES, LLC
_____ Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIFFANY H BATEMAN
_____ Name of Person

TK ACCOUNTING & CONSULTING LLC
_____ Firm/Company

1016 THOMAS DR SUITE 154
_____ Address

PANAMA CITY BEACH, FL 32408
_____ City/State and Zip Code

ADMIN@EMERALDHYDRAULICSERVICES.COM
_____ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIFFANY H BATEMAN 850 866-0301
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EMERALD HYDRAULIC SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/31/2019 and assigned Florida document number L19000031801.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

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2021 JUL 30 AM 7:30
CLERK OF DISTRICT COURT
PANAMA CITY BEACH, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: TK ACCOUNTING & CONSULTING LLC

New Registered Office Address: 1016 THOMAS DR. SUITE 154
Enter Florida street address

PANAMA CITY BEACH, Florida 32408
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 605, 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 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>	<u>Type of Action</u>
MGRM	DUANE P PELLEGRIN, JR.	6433 HIWASSEE ST.	<input type="checkbox"/> Add
		PANAMA CITY, FL 32404	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	SHANTELL M PELLEGRIN	6433 HIWASSEE ST.	<input checked="" type="checkbox"/> Add
		PANAMA CITY, FL 32404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information, consisting of approximately 20 horizontal lines.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 19, 2021

Shantell Pellegrin

Signature of a member or authorized representative of a member

SHANTELL M PELLEGRIN

Typed or printed name of signee