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PICK-UP WAIT MAIL

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12 AUG 22 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FL 02104

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Filter 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:

Jeremy Mulvey

Name of Person

Miami Filter, INC

Firm/Company

4505 Prosperity Drive

Address

Fort Pierce, 34981

City/State and Zip Code

jeremy@miamifilter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Mulvey

Name of Person

at (772)

466-1440

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Miami Filter, 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 October 5th, 2000 and assigned Florida document number L00000012153.

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 end with 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)

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:

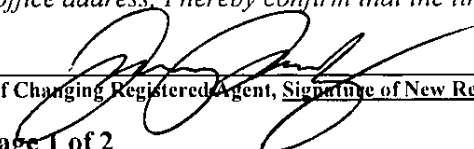
Name of New Registered Agent: Miami Filter, Inc

New Registered Office Address: 4505 Prosperity Drive
Enter Florida street address

Fort Pierce, Florida 34981
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 Changing Registered Agent, Signature of New Registered Agent

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12 AUG 22 AM 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Miami Filter, Inc	4505 Prosperity Drive Fort Pierce, FL 34981	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kevin Mulvey	4505 Prosperity Drive Fort Pierce, FL 34981	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jeremy Mulvey	1270 SW Albenca Ave Port Saint Lucie, FL 34981	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Shane Mulvey	4680 Jorgenson Road Fort Pierce, FL 34981	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____

Thomas Kevin Mulvey
Signature of a member or authorized representative of a member

Kevin Mulvey
Typed or printed name of signee