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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PD WHE EMACTON LCC (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:
Muttay N. Reed (Name of Person)
New Tech Odor Extraction LLC (Firm/Company)
1661 Gordon River Lane
Naples Flotida 34104 (City/State and Zip Code)
For further information concerning this matter, please call:
Muttay Reed at (239) 298 1357 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

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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

PD Water (Name of the Limited L) (AF		a c 1 1 (it now appearity Company)	on Lars on our reco	LC ords.)		
The Articles of Organization for this Limited Liab Florida document numberL_o_5o_o_	oility Company wer <u>072</u> 356	e filed on <u>5</u>	ept 2	.3, of	and assign	ed
This amendment is submitted to amend the follow	ring:	•	, . *	·		
A. If amending name, enter the new name of the	he limited liability	company he	e <u>re</u> :			
New Tech Odor E The new name must be distinguishable and end with "L.L.C."	xtrac"	tion	LLC	gnation "LLC"	or the abbr	eviation
Enter new principal offices address, if applicab	le:				2 8	1
(Principal office address MUST BE A STREET	ADDRESS)			HASS	T -9	Carette Carette
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u> </u>			ריי ריי פריי	MID: 36	
B. If amending the registered agent and/or registered agent and/or the new registered offi		address on	our records	, enter the n	name of t	he new
Name of New Registered Agent:						
New Registered Office Address:	<i>a</i> v			street address		••••••
	, , ((lity)		(2	Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to gct 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)

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 **Title** Name **Address Type of Action** 🗖 Add ☐ Remove ☐ Add Remove ☐ Add Remove **□** Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00