

LC70000 21650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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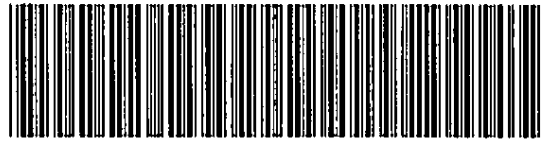
(Business Entity Name)

(Document Number)

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18 JAN 25 AM 11:11
S. WARREN
JAN 26 2018

S. WARREN

JAN 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HYDRO SOLUTIONS CONSULTING 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:

ROBERT R. BELTRAN SR VP.
Name of Person

HYDRO SOLUTIONS CONSULTING LLC
Firm/Company

3616 HARDEN BLVD #110
Address

LAKELAND, FL 33803
City/State and Zip Code

R BELTRAN SR @ HYDROSC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT R BELTRAN JR at (863) 559-2471
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

HYDRO SOLUTIONS CONSULTING, 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 2/26/07 and assigned Florida document number L07000021080

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)

5302 S. FLA AVE SUITE 204
LAKELAND, FL 33813

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3616 HILDEN BLVD #110
LAKELAND, FL 33803

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:

ROBERT R BELTRAN JR.

New Registered Office Address:

919 SUMMERFIELD DR.

Enter Florida street address

LAKELAND

City

Florida

33803

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

8 JAN 25 11:11
CLERK OF COURT
CLERK OF COURT

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>
VP SECRETARY	R BELTRAN SR	1117 SUGARTREE LN N. LK FL 33513	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" 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.)

NAME: ROBERT BELTRAN SR VP + SECRETARY.

E. Effective date, if other than the date of filing: 1-1-18 (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

1-22 2018

[Signature]

Signature of a member or authorized representative of a member

ROBERT R BELTRAN SR VP.

Typed or printed name of signee

18 JAN 25 AM 11:11
FILED