#L0700050261

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K. SALY EXAMINER JAN 26 2011

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Water	Recovery, LLC			
	· · · · · · · · · · · · · · · · · · ·	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
	Mi	Michael A. Candeto. Esq.			
		Name of Person			
Dale, Bald, Showalter, Mercier & Green, P.A.					
Firm/Company					
200 West Forsyth Street, Suite 1100					
Address					
Jacksonville, FL 32202					
	City/State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please	call:			
Michae	l A. Candeto, Esq.	at (_904_)	355-1155		
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 enclose	\$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

FILED 11 JAN 24 AM II: 37

WATER RECO (Name of the Limited Liability Compar (A Florida Limited L	OVERY, LLC TA TA TA TA TA TA TA TA TA T	LLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Company Florida document numberL0700050261	were filed onMay 10, 200	ond assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
ERG Recov	ery, LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designati	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1962 Colina Court		
(Principal office address MUST BE A STREET ADDRESS)	Atlantic Beach, FL 32233		
Enter new mailing address, if applicable:	P. O. Box 330358		
(Mailing address MAY BE A POST OFFICE BOX)	Atlantic Beach, FL 32233		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		ter the name of the new	
New Registered Office Address:			
new registered office Address.	Enter Florida street address		
	, Florida		
	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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR_	Steven T. Jenkins	P. O. Box 330358 Atlantic Beach, FL 32233	✓ Add Remove	
<u>P</u>	Steven T. Jenkins	1819 Albert Street Jacksonville, FL 32202	Add 7 Remove	
SEC	Posey H. Jenkins	1819 Albert Street Jacksonville, FL 32202	Add Remove	
	, , , , , , , , , , , , , , , , , , , 		Add Remove	
			Add Remove	
			Add Remove	
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if necessar	ry.) 	
_				
 Dated	December January 13, 11 2018			
	Signature of a n			
	S	teven T. Jenkins, Manager Typed or printed name of signee		

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Filing Fee: \$25.00