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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	lios Water Grou	p, LLC	
	(Name of Limit	ted Liability Company)	
The enclosed Articles of Ar	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Jonathan	Harris (Name of Bosson)	
	Helios wa	Harris (Name of Person) Her Croup, LLC (Firm/Company)	
	2447 NW	108th Ter	
	Sunnise, }	(Address) L 33322 (City/State and Zip Code)	
		(City/State and Zip Code)	
For further information con	cerning this matter, please ca	ıll:	
Jone Han (Name of	Herris Person)	at (954) 242 - 5-9 (Area Code & Daytime T	elephone Number)
Enclosed is a check for the \$25.00 Filing Fee		□\$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



The Holias War	for Comup. LLC		THASSEE FLORIDA
(Name of the Limited Lia (A Flo	er Group, LLC bility Company as it now ap orida Limited Liability Compa	opears on our records.) my)	•
The Articles of Organization for this Limited Liabi	lity Company were filed on		and assigned
Florida document number <u>LOFO000 3817</u>			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company	<u>/ here</u> :	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Co	ompany," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:		<u></u>
(Principal office address MUST BE A STREET A	(DDRESS)		
		<u>/</u>	
			,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u>		
	/		
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, <u>ente</u>	er the name of the new
Name of New Registered Agent:			
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 **Address** Type of Action Title Name 1 2447 NW 128th Ter Survise, FL 33322 Jonathan J. Harris Remove Add
 Add
 Add
 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.) June 104 Signature of a member or authorized representative of a member Harris Josephan J. Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00