## 1000039746

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**EXAMINER** 

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Water Po	oint Technologies, (Name of Limi	LLC ited Liability Company)		
	mendment and fee(s) are sub			
Michael Chapin				
		(Name of Person)		
Water Point Technologies, LLC				
(Firm/Company)				
	8123 Cayuga Trail North			
		(Address)		
Jacksonville, FL 32244				
		(City/State and Zip Code)		
For further information co	ncerning this matter, please ca	ali:		
Michael Chapin		at ( 904 ) 708-5943		
(Name of Person)		(Area Code & Daytime Telephone Number)		
Enclosed is a check for the	e 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		STREET/COURIER ADDRESS: Registration Section Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Water Point Technologies, 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 April 23, 2009 and assigned Florida document number L09000039746 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: H2O Engineering & Consulting LLC 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: Same (Principal office address MUST BE A STREET ADDRESS) Same 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: same Name of New Registered Agent: same New Registered Office Address: (Enter Florida street address (City) 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 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 <u>Name</u> **Address Type of Action** same ☐ Add Remove same 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 AM 8: Signature of a member or authorized representative of a member Michael Chapin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00