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SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
		John T Dickson		
		***************************************	Name of Person	
	Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: John T Dickson			
			s) are submitted for filing. his matter to the following: Name of Person	
		140 North Pointe Dr.		
			Address	
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. condence concerning this matter to the following: John T Dickson Name of Person A+H2O Firm/Company 140 North Pointe Dr. Address Auburndale, Florida 33823 City/State and Zip Code Dickson.john08@yahoo.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: 863 651-1710 of Person Area Code Daytime Telephone Number the following amount: S30.00 Filing Fee & Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) Sess: Section Registration Section Division of Corporations		
	A+H2O LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. at all correspondence concerning this matter to the following: John T Dickson Name of Person A+H2O Firm/Company 140 North Pointe Dr. Address Auburndale, Florida 33823 City/Natae and Zip Cude Dickson.john08@yahoo.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: on Name of Person 1463 Area Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Street Address: gistration Section			
	DBJECT: Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: John T Dickson Name of Person A+H2O Finn/Company 140 North Pointe Dr. Address Auburndale, Florida 33823 City/Ntate and Zip Code Dickson.john08@yahoo.com E-mail address: too be used for future annual report notification) or further information concerning this matter, please call: sohn Dickson Name of Person Area Code Daytime Telephone Number the losed is a check for the following amount: \$\frac{863}{2}\$\$ \$55.00 Filing Fee \$\frac{8}{2}\$\$\$ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) (additional copy is enclosed)			
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John Dicks	on		863 651-1710)
	Name o	f Person	Area Code Dayt	ime Telephone Number
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\$25.00 1	Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
Div	zision of C	Corporations	Division of C	orporations
). Box 632 llahassee, l			f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A+H2O LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record hability Company)	<u>S.</u>)
he Articles of Organization for this Limited Liability Company lorida document number L09000122052	were filed on December 24, 20	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	ility company here:	
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation 20LL.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		R
		S
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		7. 86
		· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	iddress on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	×
	, Flo	orida Zip Code
Desired Annual Company of the Compan	Cuj	гар с оше

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	John T Dickson	140 North Pointe Dr. Auburndale, FL 33823	≅ A d d
			□Remove
			□Change
		<u></u>	🗆 Add
			□Remove
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<u>Note:</u> If the	date, if other the date is listed, the date inserted in seffective date of	n this block does	s not meet the a	applicable statut	iling or more than ory filing requir	90 days after fill ements, this d	al) ing.) Pursuant to 60 ate will not be lis	5.0207 (ted as t
record sp d is filed.	ecities a delayed	effective date, b	nit not an effec	tive time, at 12:	01 a.m. on the e	arlier of: (b)	The 90th day aft	er the
Dated	4-8-	-20	\[\]//	·		\		
		Signatur	A dia membero	r authorized repre	Senterive of a me	mber		
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Filing Fee: \$25.00