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COVER LETTER

	egistration Sec vision of Cor			
SUBJECT	Ceres H20 T	Technologies LLC		
JOBULET	*	Name of Lim	ited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	m all correspo	ndence concerning this matter	to the following:	
		Grant S Beatt		
			Name of Person	
		Ceres H20 Technologies L	LC	
			Firm/Company	
		1530 Eastbrook Drive		
		**************************************	Address	
		Sarasota, FL 34231		
			City/State and Zip Code	
		grant@ceres-stormwater.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	ıll [.]	
Sally Alfor	d		941 2281977 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	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 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



Ceres H20 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 $\frac{06/09/2010}{1}$ and assigned Florida document number _____10000061932 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ceres H2O Technologies LLC The new name must be distinguishable and contain the words "Linuted 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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, 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> Address **Type of Action** _□ Add _□ Remove _□ Change _□ Add _□ Remove SSEE TO DE LO SE L _□ Add _□ Remove □ Change _□ Add □ Remove □ Change □ Add □ Remove

_ Change

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Effect	ive date, if other than the date of	f filing: (optional)
	fective date is listed, the date must be speci If the date inserted in this block does	ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) s not meet the applicable statutory filing requirements, this date will not be listed as the
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Typed or printed name of signee

Filing Fee: \$25.00