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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: November 05, 2021	Accounter, 12000000000
Name: KEN HOWELL	
Reference #:	
Entity Name: CONSOLIDATED WATER	R GROUP, LLC
Articles of Incorporation/Authorization to Transact 6	Business
✓ Amendment	
☐ Change of Agent	ISSUES? CALL
Reinstatement	KEN:
Conversion	518-213-0738
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount: \$25.00	
Signature	



November 05, 2021

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	1		
Name: KEN H	OWELL		
Reference #:	1519645	_	
Entity Name:	CONSOLIDAT	ED WATE	R GROUP, LLC
Articles of Incorp	oration/Authorizatio	n to Transac	t Business
Amendment			
Change of Agent			ISSUES? CALL
Reinstatement			KEN:
Conversion			518-213-0738
Merger			
Dissolution/Witho	drawal		
Fictitious Name			
Other		<del></del>	
Authorized Amount:	\$25.00		
Signature:			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WATER GROUP, LLC			_	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appearing the Liability Company	ars on our records.	.)		
The Articles of Organization for this Limited Liability Co.	mpany were filed on _	08/06/2010		and as:	signed
lorida document numberL10000082757	•				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC"	or the abbrev	iation "l.	LC."
Enter new principal offices address, if applicable:			<i>∨</i> (17)	202	
• •			- F.S.		e estre ting
Principal office address MUST BE A STREET ADDRE				75	+ -
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			i de la composición dela composición de la composición dela composición de la compos	3	
Enter new mailing address, if applicable:	<del></del>			<b>-</b>	10 -
Mailing address MAY BE A POST OFFICE BOX)		<del></del>		<u></u>	<u> </u>
			· · · ·		
3. If amending the registered agent and/or registe egistered agent and/or the new registered office addre		on our records,	enter the	name	of the 1
Name of New Registered Agent:					
New Registered Office Address:	Enter F	lorida street address			
		. Flo	rida		
	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 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>	Name	Address	Type of Action
MGR	CURTIS HEIL	44 SE 1ST AVE., SUITE 311	_Ď Add
		OCALA, FL 34471	Remove
			Change
			Remove
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