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K. SALY EXAMINER MAR 29 2011

COVER LETTER

| TQ: Registration Section Division of Corporations |
|---|
| SUBJECT: HYDRAKLEAN LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| WYNN MARTIN Name of Person |
| HYDRAKLEAN UC Firm/Company |
| 10 southwind court Address |
| NICEVILLE, FL 32578 City/State and Zip Code HUDRAKLEEN @ COX-NET E-mail address: (to be used for future animal report notification) |
| For further information concerning this matter, please call: |
| at () Name of Person |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} & \text{(additional copy is enclosed)}\$ |
| MAILING ADDRESS: STREET/COURIER ADDRESS: |

Registration Section
Division of Corporations
P.O. Box 6327
Taliahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT

| ARTICLES OF ORGANIZATION OF | FILED 11 MAR 28 PM 4: 17 |
|--|---------------------------------------|
| (Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company) | Frecords HASSEE, POSID |
| The Articles of Organization for this Limited Liability Company were filed on 2/15 Florida document number 11000021014 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| The new name must be distinguishable and end with the words "Limited Liability Company," the "L.L.C." | designation "LLC" or the abbreviation |
| 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 recent registered agent and/or the new registered office address here: | ords, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | ida street address |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|--|-----------------|
| MGPM | Donall 4eal | 116 Paradise Rd Nicolly Fl 32578 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amendi | ing any other information, enter change(| s) here: (Attach additional sheets, if necessary.) | _ |
| | | | |
| Dated | | | |
| Dateu | Signature of a member of | r authorized representative of a member | |
| - | MYNN M | ACTIN | |

Page 2 of 2

Filing Fee: \$25.00