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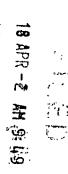
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

10:	Division of Cor		-	\$		
SUBJI	ert.	H2E	AUX, LLC			
301001	Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Bradley S. Vance				
			Name of Person	 		
		H2EAUX, LLC				
			Firm/Company			
		19560 Highland Oaks Driv	ve, Apt. 213			
			Address			
		Estero, Florida 33928				
			City/State and Zip Code			
	•	h2eauxLLC@gmail.com				
		E-mail address: (to be used for future annual report not	ification)		
For fur	ther information c	oncerning this matter, please c	all:			
Bradle	ey S. Vance		239 297-: at ()	5100		
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclos	ed is a check for the	he following amount:				
= \$2:	5.00 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

	H2EAU	•		
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited l Florida document numberL11000087715	Liability Company	were filed on	August 01, 2011	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, <u>enter the new name</u>	of the limited liab	ility company he	<u>re</u> :	
(No Change)				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	19560 Highland	Oaks Drive, Apt. 213	3
Principal office address MUST BE A STREET ADDRESS		Estero, Florida 33928		
Enter new mailing address, if applicable:			Oaks Drive, Apt. 213	
Mailing address MAY BE A POST OFFICE	E BOX)	Estero, Florida	33928	APR
				No.
B. If amending the registered agent and	_		our records, ente	r the name of the
egistered agent and/or the new registered o	office address her	<u>e</u> :		9 1
Name of New Registered Agent:	(No Change)			5
New Registered Office Address:	19560 Highlan	d Oaks Drive, Apt.	213	
		Enter Flor	ida street address	
	Estero		, Florida _	33928
	-	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Bradley S. Vance		Add
			□ Remove
		19560 Highland Oaks Drive, Apt. 213 Estero, Florida 33928	Address Only
			Add
			Remove
			☐ Change
			& & & & & & & & & & &
			□ Remove
			□ Change
			□ Remove
			☐ Change
	4-street-		Add
		 	□ Remove
			Change
		<u>. </u>	Add
		-	🗖 Remove
			Change

(No Other Changes)	
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	The state of the s
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be If the date inserted in this block does not meet the a	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 6 applicable statutory filing requirements, this date will not be li
ment's effective date on the Department of State's rec	
ecord specifies a delayed effective date, bue 90th day after the record is filed.	it not an effective time, at 12:01 a.m. on the ear
d, 201	8
	1 -
Bradley	age
Pracley Signature of a member of	r authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00