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COVER LETTER

TO: Registration S Division of Co			
. M &	N Waters, LLC		
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	K. Judith La	ne, Esq.	
	Halifax Law	_	
		Firm/Company	
	P.O. Box 93	57	
		Address	
	Daytona Be	ach, FL 32120	
	eservices@halifa E-mail address: (City/State and Zip Code IXIawgroup.com to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Shelby L. E	Best	at 386, 492-48	380
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

h .

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & N Waters, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L12000128039	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3100 John Anderson Drive
(Principal office address MUST BE A STREET ADDRESS)	Ormond Beach, FL 32176
Enter new mailing address, if applicable:	3100 John Anderson Drive
(Mailing address MAY BE A POST OFFICE BOX)	Ormond Beach, FL 32176
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address , Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree to comply with th

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action 347 S. Ridgewood Ave. Dennis Lilly MGR Daytona Beach, FL 32114 Remove 3100 John Anderson Dr. Michael Suah **AMBR** Ormond Beach, FL 32176 3100 John Anderson Dr. Nancy Suah AMBR Ormond Beach, FL 32176 Remove 3100 John Anderson Dr. Dr. Michael Suah MGR Ormond Beach, FL 32176 □ Add ☐ Remove

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e date this document is filed b	fic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State)
ffective date, if other the effective date must be specified date this document is filed by atted June 4, K. Judith	sic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State) 2014 Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

Manager of the section of the sectio