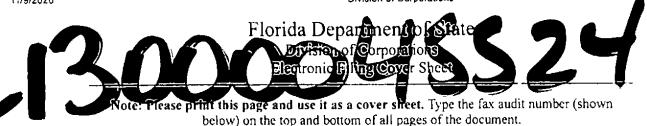
11/9/2020

Division of Corporations



(((H20000388289 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 Phone : (941)625-1925

Fax Number : (941)625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: zoe.shasteen@embarqmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AFFORDABLE WATER LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

1: 1000

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFFORDABLE WATER LLC						
(Name of the Limited Liability Company (A Florida Limited Liab	as it now app bility Compan	ears on our re y)	cords.)			
The Articles of Organization for this Limited Liability Company we Florida document numberL13000045524	ere filed on	MARCH 2	7, 2013	an	ıd assig	ned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability	ty company	here:				
The new name must be distinguishable and contain the words "Limited Liability	Company," th	ne designation	"LLC" or the	bbreviati	on "L.L.	C."
Enter new principal offices address, if applicable:					<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	- <u>-</u> -				120	*******
	 			<u> </u>	<u> </u>	-
				.•	-9	
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	ـــَقِــ	
				<u>;}_</u>	8	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on ou	r records, <u>e</u>	nter the <u>na</u>	me of th	e new	registered
Name of New Registered Agent:			=			
New Registered Office Address:	Enter	Florida street a	oddress			
			_, Florida _			
	City			Zip	Code	
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance ovided for t	of my dutie in Chapter (rs, and I an 605, F.S. O	ı familie r, if this	ar with docun	and nent is

If Changing Registered Agent, Signature of New Registered Agent

11-09 14:38 CST 3416251526

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
AMBR	CLAY SHASTEEN	2080 RICKOVER STREET	□Add
		UNIT B	□Remov e
		PORT CHARLOTTE, FL 33953	■ Change
AMBR	ZOE SHASTEEN	2080 RICKOVER STREET	≅Add
		UNIT B	□Remove
		PORT CHARLOTTE, FL 33953	
			□Add
			2020 Remove
			Changer A D Add 9: Remove
			□Change
			□Add
			□Remove
			□Change
			⊡Add
			□Change

Effective date, if other than the date of filing: (optional) (fran effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: Note: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ord is filed. NOVEMBER 9 2020 Way How		_
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Clay Shatten	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	ay after the
Clay Shatten	2020	
Signature of a member or authorized representative of a member	Clay Shraten	
	~ // w	

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