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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE DIVISION OF CORPORATION:

N COOPER MAY 31 2018

COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT: AC	Juatechs Of Name of Limi	DeFuniak, LC ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspon	ndence concerning this matter i	to the following:	
	Aquatec 200 Henderson Defuniak Spi	Firm/Company	
For further information ec	oncerning this matter, please ca	all:	
Marcus D	Bird Person	at (<u>860</u>) <u>978-</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 Tallahussee, 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

Hauatechs	Ot Detunial, L	1 <u> </u>		
(Name of the Limits)	d Liability Company as it now aboe: A Florida Limited Liability Company)	ars on our records.		
The Articles of Organization for this Limited Li		June 8, 2013	and assign	ned
Florida document number <u>L130000'879</u> !	<u>tu</u> .			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited <u>liability</u> company b	nere:		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C	
Enter new principal offices address, if applica	ble:			_ <u>₹</u>
(Principal office address MUST BE A STREE	"ADDRESS)		-	CR.
		·	- 29	957
			A	Y OF :
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE I	<u></u>			
B. If amending the registered agent and/	e registered office address of	n our roomed: ontor t	ha nama af	the nou
registered agent and/or the new registered of		nt out records, enter t	ne name or	the new
Name of New Registered Agent:				
New Registered Office Address:				
registered virtee rivatess.	Enter Flo	orida street address		
		Florida		
	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	Name	Address	Type of Action
MGR	Kialea Madden	200 Henderson Drive	⊠ Add
		Defunial Springs, FL 32435	C Remove
			☐ Change
MGR	Marais Bird	200 Kindewson Drive	☑ Add
		200 Hunderson Drive Defunial Springs, FL 32436	Remove
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<u>ote:</u> If the date in	other than the da isted, the date must be serted in this block re date on the Depa	, does not m	eet the appli	cable statuto	ing or more that ry filing requ	(optin 90 days after irements, this	o nal) filing.) Pursua s date will no	nt to 60 t be lis	05,020 ited a
	ies a delayed e after the record		ate, but n	ot an effec	ctive time,	at 12:01 a	a.m. on the	e earl	ier (
atedN	lay 23		2018	·					

Page 3 of 3

Filing Fee: \$25.00