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PICK-UP	WAIT	MAIL
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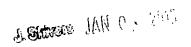
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Drain Genius, 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:

Franklin Hammond

Name of Person

Drain Genius, LLC

Firm/Company

1712 Acadia Harbor Pl

Addres

Brandon, FL 33511

City/State and Zip Code

franklin.hammond 1@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Franklin Hammond

...813、528-1098

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

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

Drain Genius, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears o a Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number L13000174110	Company were filed on Decer	nber 18th, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,	" the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	 	
Enter new mailing address, if applicable:		10.
•		
(Mailing address MAY BE A POST OFFICE BOX)		,
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B. If amending the registered agent and/or registered agent and/or the new registered office ade		records, enter the name of the nev
registered agent and/or the new registered office add	uress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter l	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than t an effective date is listed, the date	e date of filing: (optional) e must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(1)
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Page 3 of 3

Filing Fee: \$25.00