

L14000/09948

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

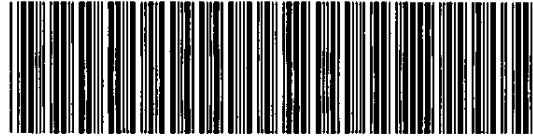
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** H2O Environmental Services, 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:

Todd A. Broski

Name of Person

Frantz Ward LLP

Firm/Company

127 Public Square, 2500 Key Center

Address

Cleveland, OH 44114

City/State and Zip Code

tbroski@frantzward.com

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

For further information concerning this matter, please call:

Todd A. Broski

at (216) 515-1653

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

☐ \$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

**H2O Environmental Services, LLC**

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Paula E. Frantz	Paula E. Frantz	<input type="checkbox"/> Add
		3820 S Nine Dr.	<input checked="" type="checkbox"/> Remove
		Valrico, Florida 33596	
MGR	Luke A. Frantz	Luke A. Frantz	<input checked="" type="checkbox"/> Add
		3820 S Nine Dr	<input type="checkbox"/> Remove
		Valrico, Florida 33596	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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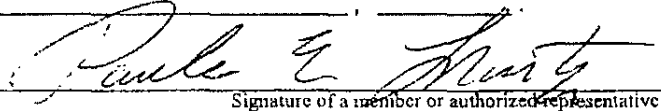
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 14, 2014



Signature of a member or authorized representative of a member

Paula E. Frantz

Typed or printed name of signee

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CLERK OF COURT  
JANICE L. BROWN