Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co		·		
H2O Envi	ironmental Services, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
	f Amendment and fee(s) are sub	•		
Please return all corresp	ondence concerning this matter  Todd A. Broski	to the following:	24 00 T	
	<u> </u>	Name of Person	20	to the
	Frantz Ward LLP		를 보고 등을 약	· · ·
		Firm/Company		
	127 Public Square,	2500 Key Center	v (cri − <b>ro</b>	
		Address	<del></del>	
eri Line of the second	Cleveland, OH 4411	4  City/State and Zip Code	<u> </u>	
,	tbroski@frantzward.c			
		to be used for future annual report noti	<u>(रामः जीवनुष्यकः (स्वतः) (र्वतः) । (र</u> fication)	ه اد'دا نه
* For further information of	concerning this matter, please c	all:		* 54
Todd A. Broski		216 515-1653		
Name o	of Person	Area Code Daytimo	e 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: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## H2O Environmental Services, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>7/11/14</u>	and assigned
Florida document number L14000109948		1364
This amendment is submitted to amend the following:		- }}
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the a	bbreviation "L.E.C."
Enter new principal offices address, if applicable:	3433 Lithia Pinecrest Road	• • •
(Principal office address MUST BE A STREET ADDRESS)	Valrico, Florida 33596-826	7
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3433 Lithia Pinecrest Road Valrico, Florida 33596-826	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Paula E. Frantz	Paula E. Frantz	
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		Valrico, Florida 33596	
MGR	Luke A. Frantz	Luke A. Frantz	Addo a
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Filing Fee: \$25.00