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(Re	questor's Name)	
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3/8/19

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: HYD	RUSURV LI Name of Lin	L C mited Liability Company	
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please return all correspond	lence concerning this matte	er to the following:	
	MATTHE	W REECE	
		Name of Person	
		Firm/Company	
	3601 MA	Address Address	
	PUNTA	GORDA , FL City/State and Zip Code	33950
	E-mail address:	ECE @ GMAIL. Cor to be used for future annual re	port notification)
For further information cor	neerning this matter, please		
MATTHEN	REECE	at (<u>941</u>) Area Code	661-0928
Name of I	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 enck	S60.00 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

HYDROSURY, LLC	25
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)
(Name of the Limited Liability Compan (A Florida Limited Li The Articles of Organization for this Limited Liability Company v	vere filed on Anchit 11, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
PEACE RIVER ORGANICS, L	LC
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	1311 LAVILLA RD
(Principal office address MUST BE A STREET ADDRESS)	PUNTA GURDA, FL 33950
Enter new mailing address, if applicable:	PHNTA GURDA, FL 33950
(Mailing address MAY BE A POST OFFICE BOX)	PHNTA GURDA, FL 33950
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
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 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
			Remove
			Remove
			□ Change
			Add
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ated		1/6/					
Dated		Signature of a	member or author	rized representative	of a member		_

Page 3 of 3

Filing Fee: \$25.00