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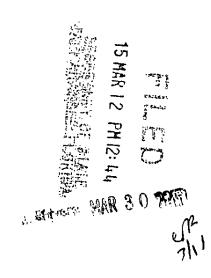
(Re	equestor's Name)	
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	ia 4	COVER LETTER	4 , ►
TO: Registration Sec Division of Corp		• •	₹
SUBJECT: MG	Water Wa	rks LLC	
•	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MosEs	GREEN	
		Name of Person	
		Firm/Company	
	6205 A	nthur Durha	m DR
	Jackson vil	1/E FL 3221 City/State and Zip Code	<u>'U</u>
	M Gwaterword E-mail address: (1	K S @ 9Mail. CON	(ication)
For further information co	oncerning this matter, please ca	all:	6 (4
KOSE ()	Person	at (704) 316 Area Code Daytimo	Telephone Number
Enclosed is a check for th	e 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

(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	
The Articles of Organization for this Limited Liability Company were filed on	
Florida document number	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable:	
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.C." Enter new principal offices address, if applicable:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.C." Enter new principal offices address, if applicable:	
Enter new principal offices address, if applicable:	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:	<u>.ew</u>
	
Name of New Registered Agent:	1
	T T
New Registered Office Address: Enter Florida street address	**
	T.
City Florida, Florida	,7

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.

New Registered Agent's Signature, if changing Registered Agent:

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 = Ma $AMBR = Au$	inager ithorized Member	
Title FMBC	Name MOSES GREEN	Address Type of Action LODOS Arthur Durham De Madd Jackson vill E, F1 32210 Remove
	<u> </u>	Add
		☐ Add
		PM Add PM
		Add

. If	ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	. •	
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Ef	fect	tive date, if other than the date of filing: 3/15/ (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
th	ie dat	te this document is filed by the Florida Department of State)
Da	ated	MARCH 5 2015
100	aica	
		Age Hu
		Signature of a member or authorized representative of a member
		HOSE GREEN
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

