L15000031382

(Re	questor's Name)	
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- (Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT:	P Huminum Name of Lin	LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ivelisse	2 Edmondon Name of Person	
	Cage A	Huminum LLC Firm/Company	
	4511 Horse	Shoe Pick Loune Address	
	Valrico, Fl	City/State and Zip Code	
For further information Name	Hydrovent 10 E-mail address: (ol a cymail o cymail	ication)
For further information co	oncerning this matter, please ca	all:	
Typlise Edn Name of	vondson Person	at (813) 299-7 Area Code Daytime	W 2 Telephone Number
Enclosed is a check for the	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 Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L1500031382</u> .	were filed on 4/13/2015	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:	4511 Horseshoe	Pick low	U_
(Principal office address MUST BE A STREET ADDRESS)	Volvico, FL 33594	<u> </u>	
Enter new mailing address, if applicable:	45/1 Horseshoe F	ick land	L
(Mailing address MAY BE A POST OFFICE BOX)	Valinco, Fe 3359	74	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of	of the new
Name of New Registered Agent:			·
New Registered Office Address:	Enter Florida street address		12 Pr.
	, Florida _		1 3 4
	f 1117	. ~ /In (nde	

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> <u>Address</u> Type of Action Borald Edmondson AMBR _□ Add 1803 N. Waterman Dr. Valnico, Fl 33594 Remove □ Change □ Add ☐ Remove ☐ Change _ Remove □ Ååå □ Remove _□ Change _ Add ☐ Remove ☐ Change □ Add

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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on	the earlier	r of
; \			
sted 4/27/2017. Juliane Edin mayon Signature of a member or authorized represent			

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Filing Fee: \$25.00