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, CO	ORPORAT ACCESS,	
	INC.	236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
		WALK IN
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COVER LETTER

	Registration S Division of Co			
SURIEC	HYDRAD	A CONSULTING LLC		
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		JAMES PIERRE LOUIS		
			Name of Person	
		HYDRADA CONSULTII	NG LLC	
			Firm/Company	
		1280 NW 95TH ST APT	329	
			Address	
		MIAMI FL 33147		
			City/State and Zip Code	
		JAMES.PIERRELOUIS08	~	
		E-mail address: (to be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please c	alł:	
JAMES F	PIERRE LOUIS	3	754 837-1359	
	Name o	î Person	at () Area Code Daytin	ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
□ \$ 25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional cupy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>failing Addres</u> Legistration S		<u>Street Address:</u> Registration Se	ction
	Division of C	orporations	Division of Cor	
	O. Box 632		The Centre of T	
ı	'allahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HYDRADA CONSULTING 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 10/03/2015 ____ and assigned Florida document number L15000168751 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		CS C	7	ا ا
New Registered Office Address:		i ic mili		V ga.
	Enter Florida street address	FA	٩	
	, Florida			_
	Cin [,]	Zin C	adv	

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

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Zip Code

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
AP	ANDREW L JACKSON	5380 MONTERREY ROAD	
		CRESTVIEW FL 32539	🗟 Remove
			□Change
AMBR	JAMES PIERRE LOUIS	1280 NW 95TH ST	= Add
		329	
		MIAMI FL 33147	Change
			□Add
			□Remove
			□Change
			□ Remove
			□ Change
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		-	□Remove
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Note: If the date inserted in	date must be specific and cannot be prior to date of filing or more than 90 days after filing in this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.	
record specifies a delayed of is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The earlier of t	he 90th day after the
Dated MAY 12TH	2021	
C Abo	P_	
V		
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00