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WALK IN

	CERTIFIED COPY	
X	РНОТОСОРУ	
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X	FILING	LLC AMEND
	HYDRADA CONSULTING CORPORATE NAME AND DOCUMENT	
((CORPORATE NAME AND DOCUMENT	·#)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of C	orporations		
HYDRA	DA CONSULTING LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
	CHRISTOPHER YOUN	G	
		Name of Person	
	HYDRADA CONSULTI	NG LLC	
		Firm/Company	<u> </u>
	315 COMO ST		
		Address	
	SAN ANTONIO TX 782.	20	
		City/State and Zip Code	
	CHRISANTHONYYOUN		
For further information	E-mail address: concerning this matter, please c	(to be used for future annual report not	ification)
		call:	
CHRISTOPHER YOU?		470 659-4384	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Centificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ς.	6	
Registration S	Section	<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

HYDRADA CONSULTING LLC			12%
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	9
The Articles of Organization for this Limited	Liability Company	y were filed on 10/05/2015 and a	assigned
Florida document number L15000168751			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lial	bility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if appli	cable:	1280 NW 95TH St	
(Principal office address MUST BE A STRE	ET ADDRESS)	-3:79	
		Miami FL 33147	 ,
Enter new mailing address, if applicable:		1280 NW 951H St	
(Mailing address MAY BE A POST OFFICE	E BOX)	1280 NW 951H St. 329 Mirami FC 33147	
		Mirami FC. 33147	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our records, enter the name of the n	ew registered
Name of New Registered Agent:	CHRISTOPHE	ER YOUNG	
New Registered Office Address:	1280 W	W 95TH St 329 ,	
	Miami	Florida 33147	}
Now Designand Amenda Singature if the main			

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>	Name	Address	Type of Action
MRG	CHRISTOPHER YOUNG	1280 NW 95TH St	= Add
		329	
		Miami FL 33147	□Change
			□Add
			□Remove
			Change
-			🗀 Add
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