

L16000051739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

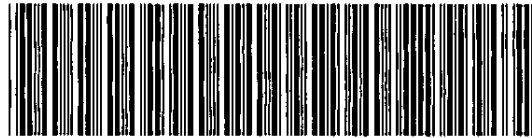
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600286461016

06/02/16--01005--

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUN -2 PM 12:08

FILED

RECEIVED
DEPARTMENT OF STATE
16 JUN -2 AM 11:47

JUN 02 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H2O Irrigation & Concrete Solutions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matacha Dickey
Name of Person

Firm/Company

14219 Kin Cross Ln.
Address

Tallahassee FL 32312
City/State and Zip Code

nijahboo7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Dickey
Name of Person

at (850) 544-8406
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

H2O Irrigation & Concrete Solutions 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 3/16/16 and assigned
Florida document number L16000051739.

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)

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 new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

Natasha Dickey

New Registered Office Address:

14219 Kin Cross Rd

Enter Florida street address

Tallahassee

City

Florida

32312

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|-----|---------------|---|--|
| MGR | Travis Dickey | 14219 Kinross Ln Tallahassee, FL 32312 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
|-----|---------------|---|--|

| | | | |
|------------------------|----------------|---|--|
| MGR AMBR | Natacha Dickey | 14219 Kinross Ln Tallahassee, FL 32312 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
|------------------------|----------------|---|--|

FILED
JUN -2 PM 12:09
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUN -2 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

- If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 - (b) The 90th day after the record is filed.

Dated 6/2/16

Signature of _____

Signature of a member or authorized representative of a member

Natacha Dickey
Typed or printed name of

Typed or printed name of signee