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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ne #)
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D. SCOTT

JAN 4 2017

COVER LETTER

	gistration Sect vision of Corpo				
SUBJECT:	<u> </u>	-Florida Wat Name of Limi	CC System S ted Liability Company	LLC	
The enclose	d Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return	all correspond	lence concerning this matter t	to the following:		
		Darrel	Name of Person		
		 	Firm/Company		
		102 1	teccogate Pl. Address		
		Longwoodle wis	City/State and Zip Code O714 @ gmoan o be used for future annual report	1, (om	-1.0 =
For further i	nformation cor	cerning this matter, please ca		(notification)	ECONOMIC TIL
	Name of I	Person	at (407) 52 Area Code D	38-5175 aytime Telephone Number	FILEU DE DE LE DE
Enclosed is	a check for the	following amount:			
\$25,001	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	e of Status &

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

Mid Florida Water	Systems CCC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 9/15/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Orlando Restoration Serv The new name must be distinguishable and contain the words "Limited Liabili	ices CCC	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	105 Harrogan Pl	1
(Principal office address MUST BE A STREET ADDRESS)	Longwood, FL 32	779
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		是一3
New Registered Office Address:		20 6
	Enter Florida street address	000
the substitute of the substitu	, Florida	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Add
			Remove
			TS Change
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			Remove
			□ Add
			□ Remove
			☐ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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ective	date, if other than the date of filing: (optional) ve 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.
<u>te:</u> If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
ument	's effective date on the Department of State's records.
rocar	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
he 90	oth day after the record is filed.
	Oth day after the record is filed. 12/28/2016 December 28th 2016
ted	12/28/2016, December 28th 2018
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00