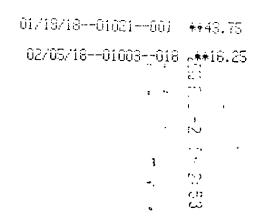
116000174933

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	-	

Office Use Only



700307605927



LEB O 5 Min. J. HARRIS

COVER LETTER

то;	Registration Sec Division of Corp			
	Drainwerk,			
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Max D. Crumit		
			Name of Person	
		Drainwerk, LLC		
			Firm/Company	
		1720 Walker Avenue		
			Address	
		Winter Park, Florida 3278	9	
		max.crumit@slotchannelus.	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Max I	D. Crumit		407 267-5090	
	Name of	Person	at ()	Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	5.00 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:

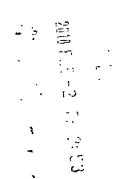
Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



January 24, 2018

MAX D CRUMIT 1720 WALKER AVENUE WINTER PARK, FL 32789

SUBJECT: DRAINWERK, LLC Ref. Number: L16000174933



We have received your document for DRAINWERK, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 318A00001560

RECEIVED RECEIVED

60.00 - 43.75 \$ 16.25

BALANCE DUE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our records, liability Company))
he Articles of Organization for this Limited Liability Company lorida document number		were filed on September 19, 2016	and assigned
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liab	ility company here:	
lotChannelUS, LLC			
ne new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.IC."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		Same - No change	
			· C1
rincipa office address WOST DE A STREET	<u> МИЖЭЭ)</u>		
nter new mailing address, if applicable:		Same - No change	1
Mailing address MAY BE A POST OF FICE BOX)		- 44,544,17	,
			
			<u> </u>
. If amending the registered agent and/or the new registered off Name of New Registered Agent:			enter the name of the
	N/A		
New Registered Office Address:		Enter Florida street address	
		. Flor	rida
		City	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.

N/A
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</u> <u>or removed from our records</u>:

<u>Title</u>	Name	<u>Address</u>	Type of Action
	N/A		
			☐ Remove
			Change
			Add
			_ □ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			<u>*</u> □ Add [±] `
			☐ Remove
			Change.

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Frective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	be specific and ca ck does not mee	nnot be prior to out the applicable	late of filing or me e statutory filing	ore than 90 days	ptional) after filing.) Pursa this date will n	ant to 605.02 of be listed
		e, but not a	n effective ti	me, at 12:0	1 a.m. on th	ne earlier
e record specifies a delayed The 90th day after the reco						
The 90th day after the reco		2018				
The 90th day after the reco		2018				- r
The 90th day after the reco		2018	T			*
The 90th day after the reco		M	ed representative	of a member		

Page 3 of 3

Filing Fee: \$25.00