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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Hyd	VOLVACH (PO) Name of Limit	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JOSEPH	Tal best	
	Hydrocraf	Name of Person Firm/Company	· · · · · · · · · · · · · · · · · · ·
	10 Laughing	Gull Lane	
	Edgewaler,	FC 32141 City/State and Zip Code	
	Joes pools of da	yton a gma.1-CO	(cation)
For further information co	oncerning this matter, please ca	all:	
Gina Jerse Name of	Person		Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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ARTICLES OF O	RGANIZATION	LER
O	F	2017 1111 .
(Name of the Limited Liability Compa) (A Florida Limited I	ny as it now appears on our records.) iability Company)	2017 JUL 13 PH 12: 0
The Articles of Organization for this Limited Liability Company Florida document number <u>L 16000 188012</u>	were filed on 1011116	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	10 haughing Edgewater, PC	Gull Lane 32141
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

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.

City

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

Title Type of Action Name **Address** Ronnie Blais 7-20 mulberry ST Daytora Beach FL 32414 □ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

D. If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect <u>Note:</u> If	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 11 . 2017.
	Signature of a member or authorized representative of a member
	JOSE PL Tou best Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00