## L17000019958

| (Re                     | equestor's Name)   |                 |
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| PICK-UP                 | MAIT               | MAIL            |
| /Du                     | siness Entity Nar  | ma)             |
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| (Do                     | ocument Number)    |                 |
| Certified Copies        | _ Certificates     | s of Status     |
| Special Instructions to | Filing Officer:    |                 |
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Office Use Only



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D. SCOTT MAR 1 4 2017

## **COVER LETTER**

| Division of Con                 |  |   | •  |
|---------------------------------|--|---|--|
| Eko Water SUBJECT:              | , LLC  |   |  |
| SUBJECT:                        | Name of Lin                                  | nited Liability Company   |  |
| The enclosed Articles of        | Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Please return all correspondent | ondence concerning this matter               | to the following:   |  |
|                                 | Claudia S Morote                             |   |  |
|                                 |  | Name of Person  | A STATE OF S |
|                                 |  | Firm/Company  |  |
|                                 | 1120 Sorrento Dr                             |   |  |
|                                 | · · · · · · · · · · · · · · · · · · ·        | Address   | -10: <b>-1</b>   |
|                                 | Weston, FL 33326                             |   | 10000000000000000000000000000000000000   |
|                                 | csmorote@gmail.com                           | City/State and Zip Code   | Cation) FILE O   |
| -                               | E-mail address: (                            | to be used for future annual report notifi                          | cation)  |
| For further information of      | concerning this matter, please c             | all:  | 200  |
| Claudia S Morote                |  | 818 419-1527  | Sec. 12  |
| Name o                          | of Person                                    |   | Telephone Number   |
| Enclosed is a check for t       | he following aniount:                        | ٠.  | The Manageria  |
| \$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)   |
| MAIL                            | ING ADDRESS:                                 | STREET/COURIE   | ER ADDRESS:  |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Eko Water, LLC  |   |                       |
|---|---|-----------------------|
| ( <u>Name of the Limited Lia</u><br>(A Flo  | bility Company as it now appears on our records.) rida Limited Liability Company) |                       |
| The Articles of Organization for this Limited Liability   | y Company were filed on 01/25/2017  | and assigned          |
| This amendment is submitted to amend the following  | ;;  |                       |
| A. If amending name, enter the new name of the l  | imited_liability company here:  |                       |
| Hydro Concepts, LLC   |   |                       |
| The new name must be distinguishable and contain the words "l                                     | 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 AD   | DRESS)  |                       |
| Enter new mailing address, if applicable:   |   |                       |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                       |
| **  |   |                       |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | <u> </u>  | r_the name of the n   |
| Name of New Registered Agent:   |   | 1000万石                |
| New Registered Office Address:  |   | 直到 建 口                |
|   | Enter Florida street address  | 15 Page 10            |
|   | , Florida,  | Zip Code              |
|   | C++ <i>y</i>  | 2.p 00m               |

## 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> **Address** Type of Action □ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change

| File # L17000019958 EIN: 31-5106055   |   |
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| tive date, if other than the date of filing:  | (optional)  |
| fective date is listed, the date must be specific and cannot be prior to date of filing or If the date inserted in this block does not meet the applicable statutory fili | more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed |
| ment's effective date on the Department of State's records.   |   |
| 2   |   |
| cord specifies a delayed effective date, but not an effective a 90th day after the record is filed.   | time, at 12:01 a.m. on the earlier  |
| s sour day after the record is filed.   |   |
| March 07th 2017   |   |
| 1   |   |
|   |   |

Page 3 of 3

Filing Fee: \$25.00