L170000 28626

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(Requestor's Name)	
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(City (Chate (7))) (Change 4)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	٦
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J. HARRIS

COVER LETTER

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TO:	Registration Se Division of Cor			
SUBJEC	Liberty Hyd	drographics LLC		
		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Kevin Blake		
			Name of Person	
		Liberty Hydrographics LL	С	
			Firm/Company	
		75 SW Irwin Ave	Name of Person SS LLC Firm/Company Address 4 City/State and Zip Code ness: (to be used for future annual report notification) ase call:	
			Address	
		Melbourne, FL 32904		
			City/State and Zip Code	
		kevin@libertydips.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Kevin B	lake			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate 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

Liberty Hydrographics LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/06/2017	and assigned
Florida document number L17000028626		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
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)		7 流流
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		ယ ်ကြည်း
Enter new mailing address, if applicable:		3 99 € 60 € 60 € 60 € 60 € 60 € 60 € 60 €
Mailing address MAY BE A POST OFFICE BOX)		<u>- 30</u> 00 00 00 00 00 00 00 00 00 00 00 00 0
AZIMINE MININES MILL DE MI TORI OF THE BOX		u 👼
		77.
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, <u>e</u>	nter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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.

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
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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ruthann Blake	10031 SW 69th CT Ocala, FL 344 76	Add
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			Change
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ective date, if other than the done effective date is listed, the date must te: If the date inserted in this blockument's effective date on the Dep	be specific and cannot be pr ck does not meet the app	ior to date of filing or mo- licable statutory filing	(optional) re than 90 days after filing.) requirements, this date w	Pursuant to 605.020' vill not be listed as
record specifies a delayed he 90th day after the reco	effective date, but rd is filed.	not an effective tir	ne, at 12:01 a.m. o	n the earlier o
February 6th	2017			
	,	 •		TF
Kevin J. E	Blake			
/ S	Signature of a member or as	thorized representative of	f a member	<u> </u>
				,
Kevin J. Blake				3 €

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Filing Fee: \$25.00