

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRE HYDRANT SPA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Auritt

Name of Person

FIRE HYDRANT SPA LLC

Firm/Company

10 Wainwright DR

Address

Cape Elizabeth Maine 04107

City/State and Zip Code

info@highpressureshowers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Auritt

239

4310361

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
OF**

FIRE HYDRANT SPA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/23/2017 and assigned Florida document number L17000066576.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4001 Santa Barbara BLVD

Warehouse 261

Naples FL 34104

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4001 Santa Barbara BLVD

Warehouse 261

Naples, FL 34104

(Mailing address MAY BE A POST OFFICE BOX)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 19 AM 10:46

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Shannon Auritt

New Registered Office Address:

4001 Santa Barbara BLVD Warehouse #261

Enter Florida street address

Naples

Florida

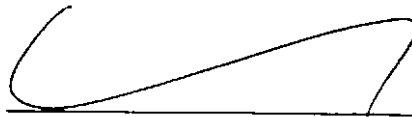
34104

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Kathleen Hamilton</u>	<u>8519 Alessandria Court Naples FL 34114</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CEO</u>	<u>Shannon Auritt</u>	<u>10 Wainwright DR Cape Elizabeth ME 04107</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 19 AM 10:45

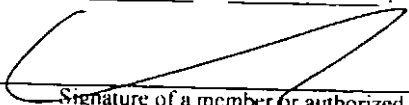
E. Effective date, if other than the date of filing: 7/23/18 (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 23, 2018



Signature of a member or authorized representative of a member

Shannon Auritt

Typed or printed name of signee

Change of Address or Responsible Party — Business

▶ Please type or print.
 ▶ See instructions on back. ▶ Do not attach this form to your return.
 ▶ Go to www.irs.gov/Form8822B for the latest information.

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

If you are a tax-exempt organization (see instructions), check here

Check all boxes this change affects:

- 1 Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2 Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 Business location

4a Business name FIRE HYDRANT SPA LLC	4b Employer identification number 81-4404789
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5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.
 8519 Alessandria Court Naples, FL 34114

Foreign country name	Foreign province/county	Foreign postal code
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6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.
 10 Wainwright DR Cape Elizabeth, Maine 04107

Foreign country name	Foreign province/county	Foreign postal code
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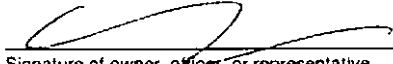
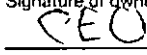
7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.
 4001 Santa Barbara Blvd Warehouse #261 Naples, FL 34104

Foreign country name	Foreign province/county	Foreign postal code
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8 New responsible party's name
 Shannon Auritt

9 New responsible party's SSN, ITIN, or EIN
 047-56-3526

10 Signature
 Daytime telephone number of person to contact (optional) ▶ 239-431-0361

Sign Here	 Signature of owner, officer, or representative	7/21/18 Date
	 Title	

Where To File	
Send this form to the address shown here that applies to you.	
IF your old business address was in . . .	THEN use this address . . .
Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service Cincinnati, OH 45999-0023
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, any place outside the United States	Internal Revenue Service Ogden, UT 84201-0023

Future Developments

Information about any future developments affecting Form 8822-B (such as legislation enacted after we release it) will be posted at www.irs.gov/Form8822B.

Purpose of Form

Use Form 8822-B to notify the Internal Revenue Service if you changed your business mailing address, your business location, or the identity of your responsible party. Also, any entities that change their address or identity of their responsible party must file Form 8822-B, whether or not they are engaged in a trade or business. If you are a representative signing for the taxpayer, attach to Form 8822-B a copy of your power of attorney. Generally, it takes 4 to 6 weeks to process your address or responsible party change.

Changing both home and business addresses? Use Form 8822 to change your home address.

Tax-Exempt Organizations

Check the box if you are a tax-exempt organization. See Pub. 557, Tax-Exempt Status for Your Organization, for details.

Addresses

Be sure to include any apartment, room, or suite number in the space provided.

P.O. Box

Enter your box number instead of your street address only if your post office does not deliver mail to your street address.

Foreign Address

Follow the country's practice for entering the postal code. Please do not abbreviate the country name.

"In Care of" Address

If you receive your mail in care of a third party (such as an accountant or attorney), enter "C/O" followed by the third party's name and street address or P.O. box.

Responsible Party

Any entity with an EIN is required to report a change in its "responsible party" on lines 8 and 9 within 60 days of the change. See Regulations section 301.6109-1(d)(2)(ii). See Form SS-4, Application for Employer Identification Number, and its instructions, for guidance about who can be a "responsible party" for line 8 and which identification number to enter for line 9.

Signature

An officer, owner, general partner or LLC member manager, plan administrator, fiduciary, or an authorized representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc.



If you are a representative signing on behalf of the taxpayer, you must attach to Form 8822-B a copy of your power of attorney. To do this, you can use Form 2848. The Internal Revenue Service will not complete an address or responsible party change from an "unauthorized" third party.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Our legal right to ask for information is Internal Revenue Code sections 6001 and 6011, which require you to file a statement with us for any tax for which you are liable. Section 6109 requires that you provide your identifying number on what you file. This is so we know who you are, and can process your form and other papers.

Generally, tax returns and return information are confidential, as required by section 6103. However, we may give the information to the Department of Justice and to other federal agencies, as provided by law. We may give it to cities,

states, the District of Columbia, and U.S. commonwealths or possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

If you are an entity with an EIN and your responsible party has changed, use of this form is mandatory. Otherwise, use of this form is voluntary. You will not be subject to penalties for failure to file this form. However, if you fail to provide the IRS with your current mailing address or the identity of your responsible party, you may not receive a notice of deficiency or a notice of demand for tax. Despite the failure to receive such notices, penalties and interest will continue to accrue on any tax deficiencies.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 18 minutes.

Comments. You can send us comments from www.irs.gov/FormComments. Or you can write to the Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Don't send the form to this office.**

Certification Regarding Beneficial Owners of Legal Entity Customers



For TD Personnel use only

Account Number:	Date:
TD Bank Representative Name:	TD Bank Representative Phone:
RC Code (if applicable):	Store Number (if applicable):

Account Opening/Maintenance Information

A. Name and Address of Legal Entity for which an account is being opened or Business Relationship is being updated

Name: Fire Hydrant Spa LLC
 Address: 4001 Santa Barbara Blvd #201 City/State/Zip: Naples FL 34104

B. Name and Title of Natural Person opening account or updating the Business Relationship

Name: Shannon Aurith Title: CEO

I. Certification of Individual with Control (see page 4 for definition)

Individual First Name: Shannon Middle Initial: K Last Name: Aurith
 Street Address (no PO Boxes): 10 Wainwright Dr City: Cape Elizabeth
 State/Province: ME Zip/Postal Code: 04107 Country: USA
 Social Security Number (SSN) (US persons only): 047563526 Date of Birth: 1/18/1978
 Title (CEO, President, etc.): CEO

Non-US persons, please complete the fields below

Primary ID Type (passport or other): _____ Number: _____
 Country: _____ Date of Issuance: _____ Exp. Date: _____

Is this Individual with Control also a Beneficial Owner? Yes No If yes, what is the percentage of ownership? _____ %

II. Certification of Beneficial Owner(s) (see page 4 for definition)

If no individual meets this requirement, please check "Beneficial Owner Not Applicable" box and move to Section III. Beneficial Owner Not Applicable

Beneficial Owner 1 Information:

Individual First Name: _____ Middle Initial: _____ Last Name: _____
 Street Address (no PO Boxes): _____ City: _____
 State/Province: _____ Zip/Postal Code: _____ Country: _____
 Social Security Number (SSN) (US persons only): _____ Date of Birth: _____ % of Ownership: _____ %

Non-US persons, please complete the fields below

Primary ID Type (passport or other): _____ Number: _____
 Country: _____ Date of Issuance: _____ Exp. Date: _____

Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? Yes No
 If yes, provide the name of the intermediate company below:

Name of Company with Ownership Interest in this Relationship:

II. Certification of Beneficial Owner(s) (cont.)

Beneficial Owner 2 Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

Non-US persons, please complete the fields below

Primary ID Type (passport or other):		Number:
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

Beneficial Owner 3 Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

Non-US persons, please complete the fields below

Primary ID Type (passport or other):		Number:
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

Beneficial Owner 4 Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

Non-US persons, please complete the fields below

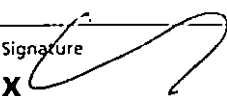
Primary ID Type (passport or other):		Number:
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

III. Certified/Agreed To

Check this box if there have been no updates or changes to Individual with Control or Beneficial Ownership information since last completing a Certification Form.

I, Shannon Auritt hereby certify, to
(Print Name of person opening the account or adding new accounts or services to an established relationship)

the best of my knowledge, that the information provided above is complete and correct.

Signature 

Date 7, 23, 18

PLEASE MAKE ADDITIONAL COPIES OF THIS PAGE AS INDICATED BY TD PERSONNEL

Beneficial Owner _____ Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

Non-US persons, please complete the fields below

Primary ID Type (passport or other):	Number:	
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

Beneficial Owner _____ Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

Non-US persons, please complete the fields below

Primary ID Type (passport or other):	Number:	
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

Beneficial Owner _____ Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

Non-US persons, please complete the fields below

Primary ID Type (passport or other):	Number:	
Country:	Date of Issuance:	Exp. Date:
Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:		
Name of Company with Ownership Interest in this Relationship:		

General Instructions

What is this form?

Federal law requires U.S. financial institutions to obtain, verify, and record information about the beneficial owners of, and individuals with significant control over, legal entities.

A legal entity includes a corporation, limited liability company, partnership and any other similar business entity formed in the United States or a foreign country.

Who has to complete this form?

This certification form must be completed by the person opening a new account or adding new accounts or services to an established relationship on behalf of a legal entity with any of the following US financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

What information do you have to provide?

This form requires you to provide the name, address, date of birth and Social Security Number* for the following individuals:

Individual with Control:

- **One** individual with significant responsibility for managing the legal entity, such as:
 - o An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
 - o Any other individual who regularly performs similar functions; and

Beneficial Owner:

- **Each** individual, if any, who owns, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, 25 percent or more of the equity interests of the legal entity (e.g., each natural person that owns 25 percent or more of the shares of a corporation). *There may be instances where you will be asked to provide this information on 10 percent owners, in accordance with TD policies.*

*Note

- For a US person, provide a Social Security Number.
- For a Non-US person (non-US Citizen or Resident Alien), provide a passport number, country and date of issuance and expiration date. In lieu of a passport, non-US persons may also provide the equivalent information regarding any other government-issued form of identification evidencing nationality or residence and bearing a photograph or similar safeguard.

TD Bank may also ask to see a government-issued form of identification (e.g. driver's license, passport, etc.) for each of the individuals listed on this form and record details about the identification (i.e., issuer, dates of issuance and expiration and document number).

You must notify TD Bank promptly in the event of any change to the information in Section I or II of this form.

If there have been no updates or changes to the Individual with Control or Beneficial Ownership information of the legal entity customer since the last time a Certification Form was provided, you may skip Section I and II and move to Section III.

Instructions for Store Team Members: Scan and email to [Account, AMCB CIF Account Maintenance Docs](#)