## LIACCO Regal

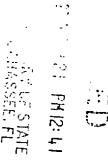
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## **COVER LETTER**

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	Registration Division of C				
SUBJEC	One Gree	en Filter, LLC			
SOMEC		Name of Li	mited Liability Company		
The enclo	osed Articles o	of Amendment and fee(s) are su	abmitted for filing.		
Please ret	urn all corresp	oondence concerning this matte	er to the following:		
		James M Lutich			
			Name of Person		
		One Green Filter LLC			
			Firm/Company	<del></del>	
		4200 114th Terrace North	1		۲:۵
			Address	<u> </u>	
		Clearwater, Florida 3376	2	700 1000 1000 1000 1000 1000 1000 1000	tho Tho
			City/State and Zip Code	<del></del>	P. j.
		pwfhomes@gmail.com		(con)	22
For further	r information	e-mail address:	(to be used for future annual report notificational):	ion) PATE	: [] FMI2:41
S. Lynn C			727 642-2683		
	Name o	of Person	at () Arca Code Daytime Tel	lephone Number	
Enclosed i	s a check for t	he following amount:			
\$30.00 Filing Fee & Certificate of Status			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Cop (additional copy	Status &
R	lailing Address egistration S		Street Address: Registration Section		
	O. Box 632		Division of Corpora The Centre of Talla		
Ta	allahassee, l	FL 32314	2415 N. Monroe Str		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

One Green Filter LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Company)	* appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on March 29, 2017 and assigned
Florida document number L17000070981	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability comp	oany here:
One Green Plumbing and Filtration, LLC	
he new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	7-3 (3)
Enter new mailing address, if applicable:	88
Mailing address MAY BE A POST OFFICE BOX)	[T] (1) = [T] (1)
Turning and 155 MIT DE TITOUT OF TICE BON	
<del></del>	
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
E	nter Florida street address
	, Florida
Cirv	7in 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 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
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Iffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	filling or more than 90 done at	otional) der filing.) Pu his date will	rsuant to not be	605.0207 listed as
record specifies a delayed effective date, but not an effective time, at 1 is filed.	2:01 a.m. on the earlier of:	(b) The 90	th day	after the
June 14, 2024				
Signature of a member or authorized rep	resentative of a member			-

. . . . .

Filing Fee: \$25.00