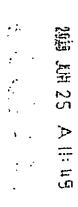
# 

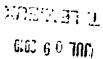
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





06/25/19--01019--010 \*\*30.0





## **COVER LETTER**

SUBJECT:	H2 Direct,	LLC		
SUBJECT.	****	Name of Limi	ted Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Holly B. Smith		
			Name of Person	
		H2 Direct, LLC		
		<del></del>	Firm/Company	
		913 Gulf Breeze Parkway,	Suite 42A	
			Address	
		Gulf Breeze, FL 32561		
		h2accounting@H2pc.com	City/State and Zip Code	
For further i	nformation c	n-mail address: (t oncerning this matter, please ca	o be used for future annual report noti	ncation)
Holly Smith	1		850 266-7089	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 F	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** 

TO:

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H2 Direct LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 183 57 25 A 11: 45 The Articles of Organization for this Limited Liability Company were filed on 04/12/2017 Florida document number \_L17000082651 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: 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 will 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hazel M. Wiggington	H2 Performance Consulting, 913 Gulf Breeze Parkway, Suite 42A;	Add
			Remove
			Change
MGR	Holly Smith	913 Gulf Breeze Parkway, Suite 42A; Gulf Breeze, FL 32561	Add
			■ Remove
			Change
AMBR	Vinnie Tran	DirectViz Solutions, LLC, 14900 Conference Center Drive, Suite	
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
		<del> </del>	Remove
			☐ Change
	·	<del> </del>	Add
			Remove
			☐ Change

-		
	<u> </u>	
-		
<del></del>		
	06/30/2017	
Effective d	ate, if other than the date of filing:	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605
Note: If the	date is listed, the date must be specific and cannot be prior date inserted in this block does not meet the applic effective date on the Department of State's records.	able statutory filing requirements, this date will not be list
		t an effective time, at 12:01 a.m. on the earli
	n day after the record is filed.	
June Dated	21	
	11 .17	
	HOUD /	
_	Signature of a member or author	orized representative of a member
	Holly B. Smith	
-		ed name of signee

5. . D. If amending any other information, enter change(s) nere. (Anach daditional sneets, y necessary.)

Page 3 of 3

Filing Fee: \$25.00