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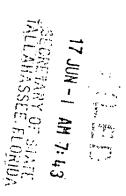
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Adventure Coast Backflow TesTing 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:
Joseph Filippelli Jr Name of Person
. Firm/Company
15249 ALBA Dr
Address
Brooksuille FL 34604 City/State and Zip Code adventure Coast, Testing & quail. Com E-mail address: (to be used for future annual deport notification)
E-mail address: (to be used for future annual export notification)
For further information concerning this matter, please call:
Name of Person at (352) 428 5459 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied 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

Adventure Coa	ST BACKFIOW Testing LLC
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $\frac{5/33/17}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lie Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C." RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Maning agaress MAT BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cu).

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joseph Filippelli Jr.	15249 ALBA Dr	Add
		15249 ALBA Dr Brookville, FL. 34604	Remove
			☐ Change
			□ Add
			Remove
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Filing Fee: \$25.00