L17000185794

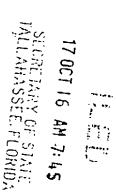
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(Address)
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(Document Number)
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COVER LETTER

TO: Registration So Division of Con			
C	CYCLING, LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter t	o the following:	
	MICHAEL G. HORTON		
		Name of Person	
	LAW OFFICE OF HORTO	ON & HORTON, P.A.	
		Firm/Company	
•	900 WEST HIGHWAY 50		
		Address	
	CLERMONT, FL 34711		
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	ılı:	
MICHAEL G. HORTO	N	352 394-4008	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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

TO:

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

USAQUACYCLING, LLC		
(<u>Name of the Limited Lis</u> (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on AUGUST 30, 2017	and assigned
Florida document number L17000185794	 :	
This amendment is submitted to amend the following	o;	
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 AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re		r the name of the ne
registered agent and/or the new registered office :	address here:	17
		0C1
Name of New Registered Agent:		- SS - 6
New Registered Office Address:		
	Enter Florida street address	7 3 1
	, Ftorida	SA Z
_	Cin	Oryin (\$1)

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR/ AMBR	LAURENT R. MEAT	4002 Greystone Drive Clermont, FL 34711	Add
			□ Remove
			Change
			D Add
			Remove
			Change
			
			☐ Remove
			Change
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an effective date	, if other than the is listed, the date m	iust be specific:	and cannot t					ing.) Pursuar		
	te inserted in this ective date on the				statutory film	ig requireme	nts, this d	ate will not	be list	ed a
	ecifies a delay ay after the re			ut not an	effective	time, at 1	2:01 a.r	m. on the	earli	er (
ated OC	TOBE	29	\int_{1}^{2017}							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00