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(Requestor's Name)
(Address)
(and the first of
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	ondence concerning this matter	-		
	Derek Hogan			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Power of H2O, LLC			
		Firm/Company		
	14906 Main Street			
		Address		
	Alachua, FL 32615			
		City/State and Zip Code		
	derekpowerh2o@gmail.com	to be used for future annual report notif	(ication)	
For further information c	oncerning this matter, please or	·	nearion)	
Derek Hogan		229 289-8451		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne 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		Street Address:		
Registration Section Division of Corporations		J	Registration Section Division of Corporations	
P.O. Box 6327		•	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Power of H2O, LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000193277}{L18000193277}$.	were filed on August 13, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "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 a agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registe
Name of New Registered Agent:		121 DES
New Registered Office Address:	Enter Florida street address	13 PM
	, Florida	- A Code
New Registered Agent's Signature, if changing Registered Agent:		TII.

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>	Name	<u>Address</u>	Type of Action
MGR	Derek Hogan	14906 Main Street	
		Alachua, FL 32615	□Remove
MGR Douglas Williams	Douglas Williams	2236 Capital Circle NE	□Add
		Tallahassee, FL 32308	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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If an effe <u>Note:</u>	te date, if other than the date of filing:	r filing.) Pursuant to 605.0207 (
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (bd.	The 90th day after the
Dated (October 28 202 i	
	- Mach Thr	
	Signature of a member of authorized representative of a member	