118000216417

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COVER LETTER

	Registration Se- Division of Cor		•				
CHD IEZ		ormwater Center, LLC					
SUBJEC	1:	Name of Limited Liability Company					
The enclo	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.				
Please ret	urn all correspo	ndence concerning this matter	to the following:				
		John Whitescarver, Sr.					
			Name of Person				
		National Stormwater Cente	Name of Limited Liability Company d fee(s) are submitted for filing. ling this matter to the following: Secarver, Sr.				
			Firm/Company	\$60.00 Filing Fee. Certificate of Status & Certified Copy			
		107-F East Broadway, Sui	ite F				
Address							
		Bel Air, MD 21014					
	City/State and Zip Code						
		whitescarver@aol.com		_			
		E-mail address: ()	to be used for future annual report notifi-	cation)			
For furthe	er information co	oncerning this matter, please co	ill;				
Jacquelin	te A. Delisle						
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for th	e following amount:					
□ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			

TO:

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

Nationa	al Stormwater Center, LLC
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L18000216417	Company were filed on September 11, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
N/A	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A III
B. If amending the registered agent and/or regiregistered agent and/or the new registered office add	istered office address on our records, enter the name of the nedress here:
Name of New Registered Agent:	N/A
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip 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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP.	David Whitescarver	107 - F East Broadway	
		Bel Air, MD 21014	
			_ ■ Remove
			Change
			☐ Remove
			□ Change
			
			□ Remove
			Change
			☐ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			Remove
			□ Change

Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 03077. Note: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records. The 90th day after the record is filed. Dated December 19 2018 Signature of a nicenber or authorized representative of a member John Whitescarver, St.		N/A
Effective date, if other than the date of filing: (frame effective date, if other than the date of filing: (frame effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The effective date and effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Determine 19 2018 Signature of a member or authorized representative of a member		
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John Whitasagrag Sr		Signature of a member or authorized representative of a member
		Taba Whitan againg Se

Page 3 of 3

Filing Fee: \$25.00