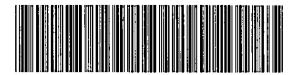
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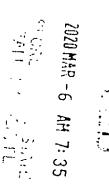
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	PAUL M FOUNTAIN			
		Name of Person		
		Firm/Company		
	4432 SW HERLONG STREET			
Address				
	FORT WHITE, FLORIDA 32038			
	paulmfountain@gmail.com	City/State and Zip Code		
For further information of	E-mail address: (to be used for future annual report noti	fication)	
PAUL M FOUNTAIN	oncerning this matter, prease co	386 288-8099		
	f Person	at ()	e Telephone Number	
Name o	rerson	Vica Code Daytim	e reiepnone (vumber	
Enclosed is a check for the	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 Addres Registration S		<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Cor		
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

ARK WATER & ENVIRONMENT, ELC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records Liability Company)	, ————————————————————————————————————
The Articles of Organization for this Limited Liability Company Florida document number 1.18000278594	were filed on 12/03/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
Enter new principal offices address, if applicable:		20 H
Principal office address MUST BE A STREET ADDRESS)		
		, 5
		3
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- : : : : : : : : : : : : : : : : : : :
number underess may be at that the first the book		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ADM MATCH & CNIMBONIADAIN THE

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
AMBR	ASHLEY K MCNALLY	1920 SW SKYLINE LOOP	≣ Add
		FORT WHITE, FLORIDA 32038	□ Remove
			□ Change
			□ Add
			Change
			₽Add
			Remove –
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ective date, if other than the date of filing: APRIL 01, 2020 a effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional)
te: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	uirements, this date will not be listed a
anom serieure due on the population of State Steelong.	
record specifies a delayed effective date, but not an effective time,	, at 12:01 a.m. on the earlier o
he 90th day after the record is filed.	
red March 02	
1/2 at I	
Signature of a member or authorized representative of a m	nember

Page 3 of 3

Filing Fee: \$25.00