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2019 DEC -9 AM II: 02
SECRETARY OF STATE
TALLAHASSEE

O SIMMONS

COVER LETTER

Division of Corp			
HYDRO ES	SENTIALS LLC		
· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	~
The enclosed Articles of :	Amendment and feets) are sub	mitted for tiling.	
Mease return all correspon	ndence concerning this matter	to the following:	
	GERARD E DUHART		
		Name of Person	
		Firm/Company	
	14020 NF 3RD CT #5		
	MIAMI, Ft. 33161	Address	
	SHEP954@GMA4L.COM	City/State and Zip Code	
		to be used for fature annual report noish	cation)
or further information ec	oncerning this matter, please of	ail:	
GERARD E DUMART		954 274-1934 at ()	
Name of	Person	at ()	Telephone Number
deloned is a check for th	e following amount		
S25.00 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 tadditional copy is enclosed

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 37314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitica Building 2661 Executive Center Circle Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HYDRO ESSENTIALS LLC		·
(Name of the United Limited Limits Con (A Florids Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on 01/09/2019	and assigned
Florida document number L19000011556		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
A-LIST TAX SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Corapany," the designation "LLC" or	
Enter new principal offices address, if applicable:		2019 DEC -9 AM II: SECRETARY OF STALLAHASSES,
Principal office address MUST BE A STREET ADDRESS		
		- 9
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		7/1E
3. If amending the registered agent and/or registered	office address on our records.	enter the name of the
egistered agent and/or the new registered office address t		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		da Zin Code
	(<i>tiy</i>	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
NGR	ANDRE RIVERS	1657 N MIAMI AVE, SUITE 911A	
		MIANI, FL 33136	
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			🗖 Change
			□ Add
			Remove
			s
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			Change TALL AFF. SSEE, FL. Change
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fective date, if other than the in effective date is listed, the date mus	date of filing:		(6	ptional)	
in effective date is listed, the date mus ote: If the date inserted in this blood ocument's effective date on the Do	ock does not meet the ap	inlicable standory	g or more than 90 days of filing requirements,	after filing.) Pursua , this date will no	nt to 605.0207 t be listed as
record specifies a delayed The 90th day after the rec		: not an effect	ive time, at 12:0)1 a.m. on the	≟ earlier o
The source day arear one reco					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00