L19000138461

(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Naı	me)
(Do	ocument Number))
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FLORIDA DEPARTMENT OF STATE? -9 P. 1:29 Division of Corporations

February 13, 2020

SHAWNA SAXON 4286 FORT KEIS AVE FORT DENAUD, FL 33935

SUBJECT: CLEAN WATER & SURVEILLANCE SOLUTIONS LLC

Ref. Number: L19000138461

We have received your document for CLEAN WATER & SURVEILLANCE SOLUTIONS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 520A00003274

www.sunbiz.org

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	cct: <u>Clean</u>	Water 3 Surveille Name of Limi	ance Solutions LLC ited Liability Company	<u>. </u>
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Shaw	Name of Person	
		Clean Water 3	Surveillance Solut	rions LLC
		4286 Fort ke	LIS Ave. Address	
		Fort Denaud	FL 33935 City/State and Zip Code	
		CWSSOLUTION E-mail address: (1	FL 33935 City/State and Zip Code SIIC Q great Com to be used for future annual report notif	ication)
For fur	ther information co.	ncerning this matter, please co		
	Shawra S Name of	OKON Person	at (<u>863</u>) <u>234</u> - Area Code Daytimo	8285 Telephone Number
Enclos	ed is a check for the	following amount:		
□ \$ 2	5.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			Sec. 44 Manage	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clean Water 3 Surve	ellance Solutions L lity Company as it now appears on our re la Limited Liability Company)	LC cords.)
The Articles of Organization for this Limited Liability (Florida document number 84 - 19175142 This amendment is submitted to amend the following:	Company were filed on 5-3-	
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	· ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A)u	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		nter the name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street ac	ddress
		. 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 = M $AMBR = A$	lanager authorized Member	A	
<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Remove
			☐ Change
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fective date, if other to a cifective date is listed, the date inserted cument's effective date	e date must be specific and in this block does not r	d cannot be prior to date meet the applicable st	of filing or more than 90) days after filing.) Pursuan	it to 605.020 be listed as
cord specifies a delayed s filed.			12:01 a.m. on the ear	lier of: (b) The 90th d	ay after the
red <u>Februar</u>	y 28th	2020	savon		
<u>-</u>	Signature of a	member or authorized i	representative of a memb	ner	

Filing Fee: \$25.00