## 120000 133358

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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06/15/20--01013--012 \*\*25.00

JUL 23 2020
S. YOUNG

## **COVER LETTER**

TO:

TO: Registration Sc Division of Cor			
SUBJECT. #VQ	OU SOUNIE	11.19	
SUBJECT: _///			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	0	<b>.</b>	
	THOMAS	Scott	
		Name of Person	
	114000000	NE LLC	
	Area Code    Sunt   Sun		
	3922- V	112LAS GREEK	I CIR
		Address	
	12N 6- 20001	EL 3277	9
	1 -01	City/State and Zip Code	<u>,                                      </u>
	tscitto po	protonmail.	CM
Car further information a			ncat(m)
$\sim$			,
THOMAS	Seda	at (330 ) 687-	0514
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee			_
	<b>40</b>		Certified Copy
			(
Mailing Addres			stion
•		<del>-</del>	
P.O. Box 632			
Tallahassee, I	FL 32314		e Street, Suite 810
		Tallahassee, FL	32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

jHORD SOUNC	E LLC	-1	
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears or rida Limited Liability Company)	n our records.)	
		11 : =	
The Articles of Organization for this Limited Liability	y Company were filed on /1/	and assigned	_
Florida document number <u>L20000133</u>	358		1 k
This amendment is submitted to amend the following	:		آليد.
A. If amending name, enter the new name of the li	imited liability company here	: 4 <b>4</b>	
HYDROSOUNCE LLC			
The new name must be distinguishable and contain the words "I	imited Liability Company," the desig	gnation "L.L.C" or the abbreviation "L.L.C."	•
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			_
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			-
			-
B. If amending the registered agent and/or registe		ords, enter the name of the new registe	red
agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			-
New Registered Office Address:			-
	Enter Florida	street address	
		, Florida	_
	Ciņ	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
MGR	OARIS MEDICIS	3922 VILLAS GREEN CIT	<b>_</b> Ndd
		LONGWOOD FL 32779	□Remove
			□Change
	<del></del>		□Add
		<del></del>	□Remove
			Change
··			DAdd
			Change
	<del> </del>		□Add
			□Remove
			Change
<del></del>			DAdd
			□Remove
			Change
<del></del>			□Add
			□Remove
			Change

	- WANTED TO ADD CHRIS
	- WANTED TO ADD CHRIS  AND ELIMINATE SPACE IN NAME
	HYDRISOURCE 12C
lfan ef <u>Note:</u>	ive date, if other than the date of filing:  (optional)  ective 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 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
e recoi rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	SeNE 12 2020

Filing Fee: \$25.00

Typed or printed name of signee