

L20 000C 354/699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

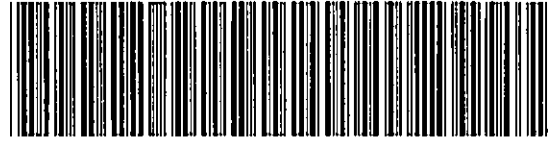
(Business Entity Name)

(Document Number)

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2021 DEC 29 AM 8:42  
CLERK OF STATE  
MICHIGAN

FILED

A. RAMSEY

JAN 03 2022

COMMISSIONS

OCT 06 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2021

JACQUELINE QUIROGA  
5511 PARKCREST DR  
STE 103  
AUSTIN, TX 78731

SUBJECT: H2OLY LIMITED LIABILITY COMPANY  
Ref. Number: L20000354699

We have received your document for H2OLY LIMITED LIABILITY COMPANY and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

ENTITY MUST BE IN ACTIVE STATUS ON OUR RECORDS TO FILE AN ARTICLES OF AMENDMENT.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 821A00024338

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

**2021 DEC 29 AM 8:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

H2Oly Limited Liability Company

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/09/2020 and assigned  
Florida document number 120000354699.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dr. Kimberly Worth	17296 we conch bar ave	<input checked="" type="checkbox"/> Add
		Jupiter, FL 33469	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Richard Worth	17296 se conch bar ave	<input checked="" type="checkbox"/> Add
		Jupiter , FL 33469	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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 605.0207 (3)(b)

If the record 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 record is filed.

1s/frederick winston alford II  
Signature of a member or authorized representative of a member

frederick winston alford II

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Typed or printed name of signee

**Filing Fee: \$25.00**