KX1000015076

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	iment Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to Fil	ling Officer:	

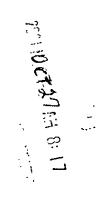
Office Use Only

A. RIVERS



600375560776

10/27/21--01012--095 **25.00



COVER LETTER

то:	Registration So Division of Co						
SUBJE		er Protection LLC					
SUBJE	CI:	Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	etum all correspo	ondence concerning this matter	to the following:				
		Dennis McSweeney					
			Name of Person				
		Smart Water Protection LL	C				
			Firm/Company	1100000			
		4822 West Country Club I)r				
			Address				
		Sarasota, FL 34243					
			City/State and Zip Code				
		Dennis@SmartWaterProtec	tion.com to be used for future annual report notifica	ation)			
For furt	her information (concerning this matter, please ca		,			
			941 350-1227				
Dennis McSweeney Name of Person			at (
	Name	n rerson	Aca code Dayone i	elephone (Valloci			
Enclose	d is a check for t	he 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 Addre		<u>Street Address:</u> Registration Secti	ion			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Smart Water Protection LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our re- la Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability (lorida document number L21000015076	Company were filed on 01/12/2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		·····
s. If amending the registered agent and/or registere gent and/or the new registered office address here:		nter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress \odot
		. 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>	Name	Address	Type of Action
MGR	Roome, Maria Helena	3044 Landrum St	□Add
		North Port, FL 34291	■Remove
			□Change
			□Add
			□Remove
			Change
	 		
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

								
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Name If the de	If other than the a is listed, the date must be inserted in this blo	ek doze nat t	neet the ann	licanie stani	tory tilling re	auirements. (otional) ter filing.) Pursu this date will no	ant to 605,020 of be listed as
document's eff	ective date on the De	partment of S	State's record	ds.				
e record specifi rd is filed.	es a delayed effective	date, but no	t an effective	e time, at 12	:01 a.m. on t	he earlier of:	(b) The 90th	day after the
Octo	per 21		2021					
Dated			nic					
	1/Enn	15 /	//2)	WEEN	24			_
	/ —	Signature of a	member or at	ituorraeq-tebt	esemative of a	пспрег		

Filing Fee: \$25.00