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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida Water M Name of 1	anagement Services LLC Limited Libility Company
The enclosed Articles of Amendment and fee(s) are a Please return all correspondence concerning this mat	-
Trease return an correspondence concerning this man	act to the following.
Crysta	Name of Person
- Florida W	later Management Services LLC Firm/Company
4052 Wir	ndota Ave Address
Spnin	9 Hill FL 34606 City/State and Zip Code
Crys_1 F-mail addres	ynn_86@ yanoo.com
For further information concerning this matter, pleas	e call:
Crystal L. Morgan Name of Person	at (512) 234-226 2 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: 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

Florida Water Manag (Name of the Limited Liability & (A Florida Lin	ement Services ompany as it now appears of mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000417691</u> .			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here	:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			-3
(Principal office address MUST BE A STREET ADDRES	<u></u>		1000
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our rec	ords, <u>enter the name</u>	of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
	1940/110/100		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	•		•
			

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

Title	<u>Name</u>	Address	Type of Action
AR	Henry B. Morgan	4052 Windota Ave	🗆 Add
		Spring Hill FL 34606	
		····	□Change
			□Add
			□Remove
			Change
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n effec i te: H	e date, if other than the date of filing: September 27, 2021 (optional) tive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
s file	
ed _	September 28, 2021
	Crestal J. Mosgan Signature of a member or authorized representative of a member