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T. MATTHEWS MAR 28 2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co		
La Hidroca	alida LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	Patrick J. Williams	
		Name of Person
		Firm/Company
	13250 Pinto In.	
		Address
	Fort Myers, Florida. 33966	i
	patrickwilliams925@gmail.	City/State and Zip Code com
	E-mail address: (to be used for future annual report notification)
For further information (concerning this matter, please ca	all:
Patrick J. Williams		239 770-6038 at ()
Name (of Person	Area Code Daytime Telephone Number
Enclosed 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, Certifieate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:
Registration		Registration Section
Division of C P.O. Box 633	•	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co	empany were filed on 1/31/2022	and assigned
Florida document number L22000052191	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The second of th	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	
Fhe new name must be distinguishable and contain the words "Limite	ed Liability Company, the designation "ELC	or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	· · · · · · · · · · · · · · · · · · ·
Post on the state of the state		
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 t	he name of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floi	rida Zip Code

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>	Type of Action
AR Estefany Munoz-Williams	Estefany Munoz-Williams	6432 Emerald Pines Cir. Fort Myers, Florida. 33966	□Add
			= Remove
			□Change
MGR	Patrick J. Williams	6432 Emerald Pines Cir. Fort Myers, Florida. 33966	⊜Add
		□Remove	
			□Change
		□Add	
			Remove
			□Change
		-11	□Add
		Remove	
			□Change
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not	meet the applic	able statutory fili	more than 90 days after ng requirements, this	filing.) Pursuant to 605.02 date will not be listed	207 (I as th
ne record specifies a delayed effect ord is filed.	ive date, but n	ot an effective ti	me, at 12:01 a.m	on the earlier of: (b)	The 90th day after th	he
Dated March 9th		2022				
10000	Jun.)				
	Signature of	a member or autho	orized representativ	e of a member		

Typed or printed name of signee