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SUBJECT	LET'S SAV	/E WATER LLC			
oobsi.c.i	•	Name of Line	ited Liability Company	 	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		ADRIANA SANFELICE			
			Name of Person		us &
		PHOROS TAX LLC			
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		5728 MAJOR BOULEVA	RD SUITE 611		
			Address		
		ORLANDO/FL 32819			
			City/State and Zip Code	<u> </u>	
		ADRIANA.SANFELICE@			
		E-mail address: (i	to be used for future annual report	notification)	
For further	information co	oncerning this matter, please ca	all;		
ADRIANA	SANFELICE	:	407 820-195	8	
	Name of	Person	at ()	ytime Telephone Number	
Enclosed is	a check for th	e following amount:			
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of State Certificate of State Certified Copy (additional copy is enc	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahaccaa El 22214

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

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

FILED

2022 JUN 27 PM 4: 14

Zip Code

LET'S SAVE WATER LLC

(Name of the Lim	nited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	TALL MHASSIE, F.			
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 "I 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 neagent and/or the new registered office address here:		and assigned				
Florida document number L22000108776						
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liability compar	y 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 appli	icable:					
(Principal office address MUST BE A STRE	ET ADDRESS)					
Enter new mailing address, if applicable:						
orida document number L22000108776 Its amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: It amending name, enter the new name of the limited liability company here: It amending name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" of other new principal offices address, if applicable: In incipal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: In incipal office address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the						
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on o	ur records, <u>enter the na</u>	me of the new registered			
Name of New Registered Agent:		·				
New Registered Office Address:	5728 MAJOR BOULEVARD SUITE 611					
	Ente	Florida street address				
	ORLANDO	Florida <u>-</u>	32819			
	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 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
AMBR	TRUEX BUSINESS LLC		□ Add
	· -	5728 MAJOR BOULEVARD SUITE 611	□ Remove
		ORLANDO FL 32819	🖹 Change
			🗆 Add
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			Signature	of a incr	iber or aut	horized r	presenta	ive of a n	ember		<u>. </u>		