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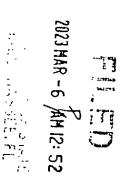
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THE LENOIR LAW FIRM

502 N. Armenia Ave Tampa, Florida 33609 Telephone: (813) 251-8320 Facsimile: (813) 871-1500

Email: ivan@lenoirlawfirm.com

March 1, 2022

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

Re: Hydration Box LLC File No. L22000162718

To Whom It May Concern:

Please find enclosed a resignation letter in connection to the above-referenced matter along with the appropriate fee. If you have any questions or concerns, please do not hesitate to contact my office.

Sincerely,

Ivan T. Lenoir, Esq.

COVER LETTER

Division of Cor	porations							
	N 117							
SUBJECT: Hydration Box LLC Name of Limited Liability Company								
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	ndence concerning this matter	to the following:						
	Ivan T. Lenoir							
	Name of Person							
	Ivan T. Lenoir II PA							
	Firm/Company							
	502 N. Armenia Ave.	Address						
		(MATERIAL						
	Tampa 33609		<u>.</u>					
		City/State and Zip Code						
	ivan@lenoirlawfirm.com	to be used for future annual report noti	(ication)					
5 0 1 1 C			neadon)					
For further information c	oncerning this matter, please ca	aii:						
Ivan Lenoir	at (813) 2518320							
Name o	Lenoir at (813) 2518320 Name of Person Area Code Daytime Telephone Number		e Telephone Number					
Enclosed is a check for th	ne following amount:							
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &					
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)					

Registration Section

TO:

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

Street Address:

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

Hydration Box LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) nability Company)			
The Articles of Organization for this Limited Liability Company	an	_ and assigned		
lorida document number 1.22000162718				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	lity company here:			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	ne abbreviatio	on "L.I.	.C."
Inter new principal offices address, if applicable:	1265 85th Terrace North, Apt # C			 .
Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, Florida 33702		023 HAI	
		4.5		: 0
Inter new mailing address, if applicable:	1265 85th Terrace North, Apt # C	3.55	6	
Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, Florida 33702	(1) (1)	12:	ر:
		<u> </u>	52	
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>enter the n</u>	ıame of th	e new	registe
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>	Address	Type of Action
AMBR	Robin G. Stickney	7651 SW Flwy 200, Ste 101	
		Ocala, Florida 34476	■Remove
			□Add
			□Remove
			□Remove
			□Change
			□Add
			🖸 Remove
			□ Add
			□Remove
			Change
		- <u>-</u>	□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary:) E. Effective date, if other than the date of filling: March 1, 2023 (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated March I

Typed or printed name of signee

Robin G. Stickney