L22000239232

(Requestor's Name)
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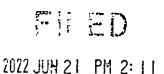
COVER LETTER

	istration Selision of Cor		•	•
	a Emerald Co	oast Wastewater Solutions, LL	· ·	•
SUBJECT:		Name of Lin	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	_	
		Ryan Mynard		
			Name of Person	
		Ryan M. Mynard, Attorney		
			Firm/Company	
		420 East Pine Avenue		
			Address	
Crestview, FL 32539				
			City/State and Zip Code	
		ryan@crestviewlawfirm.com	m to be used for future annual report not	at mi sas
live thethus is	Liemutian a	concerning this matter, please c	·	in (accom)
		concerning this matter, please c		
Ryan Mynard		850 683-3940 at ()		
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	he following amount:		
■ \$25,00 F	iling 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)
	ling Addres		<u>Street Address:</u> Registration Se	ection
Div	ision of C	lorporations	Division of Co	rporations
P.O	 Box 632 	27	The Centre of	Fallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Emerald Coast Wastewater Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records) LATIAS VEE, FL
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com Florida document number 1.22000239232	npany were filed on May 22	3, 2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	 -		
Enter new mailing address, if applicable:			
(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 recor	ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sweet address		
		Florida	Zip Code
	Circ		Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Austin Rogers	201 Valley Road	= Add
		Crestview, FL 32536	□Remove
			□Change
MGR	Wynn Rogers	201 Valley Road	■Add
		Crestview, FL 32536	□Remove
			□Change
		<u></u>	□Add
			□Remove
			Change
			Remove
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an effec <u>ote:</u> T	te, if other than the date of filing:
record is file	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	6-15 2022 A Bb
	Shu Bla
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00