

L22000413395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

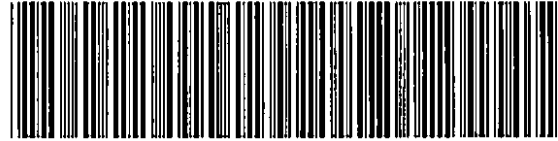
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300395417243

FILED

2022 OCT -6 PM 3:06

FILED
TALLAHASSEE, FLORIDA

10/06/22--01006--009 **150.00

LLC

Amend.

2022 OCT -6 PM 2:20

FILED
TALLAHASSEE, FLORIDA

OCT - 6 2022

D CONNELL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HYDROLOGIC DISTRIBUTION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN H. MCCARTHY, ESQ.

Name of Person

SEBALY SHILLITO + DYER, LPA

Firm/Company

40 N. MAIN STREET, FLOOR 19

Address

DAYTON, OHIO 45423

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN H. MCCARTHY, ESQ.

937

222-2500

at (_____) _____

Name of Person

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 &
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
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**

HYDROLOGIC DISTRIBUTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/22/2022 and assigned Florida document number L22000413395.

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 "L.L.C."

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)

WGS - COMPLIANCE SERVICES

3110 KETTERING BLVD

MORaine, OHIO 45439

FILED
2022 OCT -5 PM 3:06
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CORPORATION SERVICE COMPANY

New Registered Office Address: 1201 HAY'S STREET

Enter Florida street address

TALLAHASSEE, Florida 32301

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LYNCH, CHRISTOPHER	6365 53RD STREET N, SUITE B	<input type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	LYNCH, CHRISTOPHER	6365 53RD STREET N, SUITE B	<input type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GHORMLEY, JASON	6365 53RD STREET N, SUITE B	<input type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VPST	GHORMLEY, JASON	6365 53RD STREET N, SUITE B	<input type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CURRY, PAUL	6365 53RD STREET N, SUITE B	<input type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	CURRY, PAUL	6365 53RD STREET N, SUITE B	<input type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MCKENZIE, JOHN	3110 KETTERING BLVD	<input checked="" type="checkbox"/> Add
		MORaine, OHIO 45439	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	MCKENZIE, JOHN	3110 KETTERING BLVD	<input checked="" type="checkbox"/> Add
		MORaine, OHIO 45439	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DITOMMASO, ROBERT	3110 KETTERING BLVD	<input checked="" type="checkbox"/> Add
		MORaine, OHIO 45439	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	DITOMMASO, ROBERT	3110 KETTERING BLVD	<input checked="" type="checkbox"/> Add
		MORaine, OHIO 45439	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CULLER, SEAN	3110 KETTERING BLVD	<input checked="" type="checkbox"/> Add
		MORaine, OHIO 45439	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
TREAS	CULLER, SEAN	3110 KETTERING BLVD	<input checked="" type="checkbox"/> Add
		MORaine, OHIO 45439	<input type="checkbox"/> Remove
			<input type="checkbox"/> 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>	<u>Address</u>	<u>Type of Action</u>
MGR	KIRKLAND, MICHAEL	3110 KETTERING BLVD	<input checked="" type="checkbox"/> Add
		MORaine, OHIO 45439	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC'Y	KIRKLAND, MICHAEL	3110 KETTERING BLVD	<input checked="" type="checkbox"/> Add
		MORaine, OHIO 45439	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

