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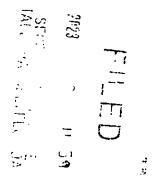
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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Divi	sion of Cor	porations					
erib iber	Philtration S	Solutions, LLC					
SUBJECT:		Name of Lim	ited Liability Company	<del></del>			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Christina Reece					
Name of Person							
	Philtration Solutions, LLC  Firm/Company  7864 Bishopwood Rd						
			Firm/Company				
		7864 Bishopwood Rd					
			Address		<del>_</del> _		
		Lake Worth, FL 33467					
			City/State and Zip Code				
		cmr095@gmail.com			∑s.	2653	
		E-mail address: (	to be used for future annual i	report notification)			
For further in	formation co	oncerning this matter, please c	all:		₹	ر	
Christina Rec	ece		954 478 at ( )	R-7578	<u> </u>	,	
	Name of	f Person	Area Code	Daytime Telephone Nur	nber	=	
					54.	ن ووي	
Enclosed is a	check for th	e following amount:					
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is encl	Certi losed) Certi	0 Filing Fed ficate of Sta fied Copy ional copy is c	atus &	
Reg	ling Address distration S	Section		tion Section			
Division of Corporations P.O. Box 6327			n of Corporations tre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Philtration Solutions, LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Company we	01/06/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	Ai L
Enter new mailing address, if applicable:	į, į
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:  Enter F	lorida street address
City	, Florida

## 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>	Type of Action
AMBR	Phillip Kelly	7864 Bishopwood Rd	□Add
		Lake Worth, FL 33467	Remove
AMBR	Christina Reece	7864 Bishopwood Rd	■Add
		Lake Worth, FL 33467	□Remove
		<del></del>	Change
AMBR	Anna Marie Pierpont	590 Forest Trace Cir	
		Titusville, FL 32780	Remove
			☐Change
			∑o EAdd
			☐ Remove
		<del></del>	□ Change!
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effective date is listed, the date mu-	ist be specific and cannot be prior to date of fil	ing or more than 90 days after filing.) Pursuant to 6 ry filing requirements, this date will not be li	
ument's effective date on the D		į	iscor u
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cord specifies a delayed effective filed.	ve date, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The 90th day af	iter the
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