

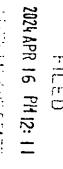
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COVER LETTER

	Registration S Division of Co					
CHD IFC		OAST WATER SOLUTION'S LI	LC			
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all corresp	oondence concerning this matter	to the following:			
		Tyrese Gaines				
			Name of Person			
			Firm/Company			
		15183 NW 150th Ave Unit	t 1021			
			Address			
		Alachua, Florida 32615				
		City/State and Zip Code				
		gainesoutdoorservices@gma				
For furthe	er information	concerning this matter, please co	to be used for future annual report not all:	incation)		
Tyrese G			386 2147694 at ()			
	Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed	is a check for	the following amount:				
\$25.0	0 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:

TO:

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

EAST COAST WATER SOLUTION'S 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 09/05/2023 and assigned Florida document number L23000412350 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gaines Outdoor Services LLC 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) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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
	 		□Add
			□Remove
			☐ Change
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ote: 1	i the date inserte	than the date of filing: ne date must be specific and cannot in this block does not meet the on the Department of State's	he applicable statuto	ing or more than 90 days ory filing requirements	optional) after filing.) Pursuant to 6 5, this date will not be 1	505.0207 listed as
reco he 9	ord specifies a 90th day afte	delayed effective date, the record is filed.	but not an effe	ctive time, at 12:	01 a.m. on the ea	rlier of
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		- K.				
		Lynese Hann				
		Jynese Jaine Signature of a member	er or authorized repres	entative of a member		

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Filing Fee: \$25.00