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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Clean Water Florida LCC 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:
Marian Handley Name of Person
<u>Clean Water Flor; da LCC</u> Firm/Company
15461 Dewanna Rd Address
Jacksonville, F1 32218 City/State and Zip Code
<u>Cleanwaterfloridalla @ 9mail. Com</u> E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marian Handley at (904) 708-1899  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

# Mailing Address:

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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

CIERR WRITER FLORIDA LLC

(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>ト2400082㎏)</u> .	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
Top Quality Water The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	15461 Dewanna Rd
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, F1 32218
Enter new mailing address, if applicable:	13461 Dewanna Rd
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville F1 32218
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	<u> </u>
	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, <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
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(If an effective Note: 11	rtive date is listed. I the date inserte	r than the date of the date must be speci ed in this block does to on the Departmen	fic and cannot not meet the	nt be prior to dat ne applicable s			iling.) Pursuant to 6	
he record ord is filed		ved effective date, b	ut not an ef	fective time, a	t 12:01 a.m. on t	he earlier of: (b)	The 90th day af	ter the
Dated _	July	29th Mani	· ·	2024.				
		$\mathcal{M}_{\bullet}$	. 1. 11	/ /				
		<u>II [ ΩΛ ι</u> Signatur	e of a membe	r or authorized	representative of a	member	<del>.</del>	