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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BROOKLYN WATER ENTERPRISES GP, LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

Name of limited liability Company as it appear Describes Weep Forenties CR 3.1.C.	s on the records of the Florida Department of		
State: Brooklyn Water Enterprises GP, LLC	1615 S. Congress Ave., Suite 103		
Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Deirsy Beach, FL		
	33445		
Enter new mailing address, if applicable:	1615 S. Congress Ave., Suite 103		
(Mailing address MAY BE A POST OF FICE BOX)	Delray Beach, FL		
	33445		
2. The Florida document number of this limited li	ability company is: M14000005315		
3. Jurisdiction of its organization: Detaware			
4. Date authorized to do business in Florida: 07/	28/2014		
SECTION II (5-9 complete only the applicable	changes)		
A.A. 15 5- 615 E-95-			
(மை	st contain "Limited Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name .C." or "LLC.")		
6. If amending the registered agent and/or registe registered agent and/or the new registered office:	red officer address on our records, enter the name of the new address here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Address		
	City Florida Zip Code		
the provisions of all statutes relative to the proper and accept the obligations of my position as reed	ent and agree to act in this capacity. I further agree to comply with or and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the limited		

3. If the amendment changes person, title or capacity in accordance with 603.0902 (1)(e), indicate that change:						
itle/ Capacity	Name	Address	Type of Action			
MGR	Carmine Capobianco	1450 S.W. 10th Street, Bldg. B, Ste 2,	DAdd			
		Delray Beach, FL 33444	Remov			
MGR	Dan Smith	1615 S. Congress Ave., Suite 103	≅Add			
		Delray Beach, FL 33445	©Remov			
Manager	Robert S. Green	2851 John Street, Suite I	DAdd			
	Markham, Ontario L3R 5R7	🖺 Remov				
		DAdd				
			□Remov			
			OAdd			
aforementis	oned amendment(s), duly authors under the law of which this enti-	than 90 days old, evidencing the icated by the official having custody of records in the organized.	□Remov			

Filing Fee: \$25.00