

M22 0000 160 47

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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11/15/2023
11/15/2023
11/15/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enhydra, LLC Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacqueline Walton

Name of Person

Enhydra, LLC

Firm/Company

65 New Leatherwood Drive

Address

Palm Coast, FL 32137

City/State and Zip Code

legal@enhydra.io

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

For further information concerning this matter, please call:

____ Jacqueline Walton _____ at (757) 940-9761
____ Name of Person _____ Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

**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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Enhydra, LLC

Enter new principal office address, if applicable: _____

Principal office address

MUST BE A STREET ADDRESS

65 New Leatherwood Drive

Palm Coast, FL 32137

Enter new mailing address, if applicable: _____

Mailing address

MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M22000016047

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/18/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

City

Florida

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

1) Add Robert Walton as Manager and 2) Correct Jacqueline Walton's from Member to Manager

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Jacqueline Walton	65 New Leatherwood Drive	<input type="checkbox"/> Add
		Palm Coast, FL 32137	<input checked="" type="checkbox"/> Remove
Manager	Jacqueline Walton	65 New Leatherwood Drive 3	<input type="checkbox"/> Add
		Palm Coast, FL 32137	<input type="checkbox"/> Remove
Manager	Robert Walton	65 New Leatherwood Drive	<input checked="" type="checkbox"/> Add
		Palm Coast, FL 32137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Jacqueline Walton

Typed or printed name of signee

Filing Fee: \$25.00