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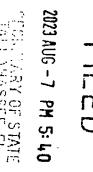
(Re	equestor's Name)	
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(Ĉi	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

ТО:	Registration Sect Division of Corpo	orations		s. s e
SUBJE	ст: <i> ВЕ</i> \$ 7	WATELWORKS Name of Lim	ited Liability Company	dba Axcia Home Socution
The enc	losed Articles of Ar	mendment and fec(s) are sub	mitted for filing.	
Please r	eturn all correspond	dence concerning this matter	to the following:	
		/.	MICHAU E. BES	
			Name of Person	
		SEST W	JO JERLUKKS SYSTYMI Firm/Company	Ida Axeis Hima Sulution
			Wilkinson KD. +	
		,	Address	
		<u></u>	ARASOTA, LE	34233
		17476	City/State and Zip Code Koy 755409	Ware. com
12	F - 1 - 6 1	E-man address. (to be used for future annual report north	ication)
For Juri		cerning this matter, please ca		
	Pilic	huol Best	at (2) 2) Area Code Daytimo	2-9752
	Name of P	erson	Area Code Daytime	Telephone Number
Enclose	d is a check for the	following amount:		
区\$25	.00 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: Registration Sc	ction	Street Address: Registration Sec	ction
	Division of Cor		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST WATERWOCKS SYSTEMS LLC Idea Axit Home Sofutions LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	natinty Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{46.9973273}{}$	were filed on $3/4/2-23$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabit	NERS LLC
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5930 W. Kinson 20. SARASOTA, FL # 108
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FL # 108
	34233
Enter new mailing address, if applicable:	7023 A
•	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	SACASOTA, FL. 34233
agent and/or the new registered office address here:	6
Name of New Registered Agent:	MICHAEL BEST 5930 WILKINSON RD #108.
New Registered Office Address:	5930 WILKINSON LD # 108.
	Enter Florida street address
	Enter Florida street address AFASOTA Florida 34135 City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	ee 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>	Name	Address	Type of Action
	N.P		□Add
			□Remove
			□Change
		<u> </u>	□Remove
			Change
			
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change

	N A
	1 .
	
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(If an effective date is listed Note: If the date inser	er than the date of filing:
he record specifies a delord is filed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	0/4/ 2023
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00