

A21 773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

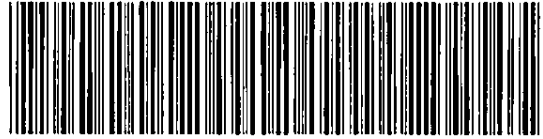
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100443863981

02/03/25--01022--019 \*\*52.50

2025 MAR 29 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2025

ALVIN KATZ  
2600 OCEAN BLVD  
BOCA RATON, FL 33432

SUBJECT: ARISTO ASSOCIATES LTD.  
Ref. Number: A21773

We have received your document for ARISTO ASSOCIATES LTD. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section A if amending the name enter only the new name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 525A00005239

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: ARISTO ASSOCIATES LTD**

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for  
filing. Please return all correspondence concerning this matter to:

ALVIN KATZ

Contact Person

Firm/Company

2600 SOUTH OCEAN BLVD, LPH

Address

BOCA RATON, FL 33432

City, State and Zip Code

ALVINKATZMD@GMAIL.COM & LKATZLAZ@GMAIL.COM

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

For further information concerning this matter, please call:

LISA LAZARUS at (646) 662 7200

Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a

check for the following amount:

CK #9625(return for rejection) ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee ☐ \$105.00 Filing Fee

☐ \$113.75 Filing Fee, and Certificate of and Certified Copy Certified Copy.  
and

Status Certificate of Status

**Mailing Address: Street Address:** Registration Section Registration Section Division  
of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee  
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

2025 MAR 29 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
ARISTO ASSOCIATES LTD.

Insert name currently on file with Florida Department of State

2005 MAR 29 PM 9:12  
SECRETARY OF  
TALLAHASSEE

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 01/07/1986, assigned Florida document number A21773, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

*(Must be STREET address)*

New Mailing Address: *(May be post office box)*

**C. 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*

*, 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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

| <u>Title</u> | <u>Name</u> | <u>Address</u>                               | <u>Type of Action</u>                                                   |
|--------------|-------------|----------------------------------------------|-------------------------------------------------------------------------|
| GP           | AQUA CORP   | 2600S. OCEAN BLVD (LPH) BOCA RATON, FL 33432 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| GP           | AQUA 1 CORP | 2600S. OCEAN BLVD (LPH) BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____        |             |                                              | <input type="checkbox"/> Add <input type="checkbox"/> Remove            |
| _____        |             |                                              | <input type="checkbox"/> Add <input type="checkbox"/> Remove            |
| _____        |             |                                              | <input type="checkbox"/> Add <input type="checkbox"/> Remove            |
| _____        |             |                                              | <input type="checkbox"/> Add <input type="checkbox"/> Remove            |
| _____        |             |                                              | <input type="checkbox"/> Add <input type="checkbox"/> Remove            |

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership." ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status. (**NOTE:** *If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.*)

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please add | correct typo - it should be Aqua 7 Corp

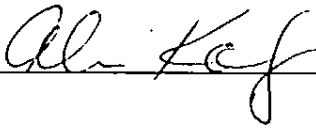
Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



**Signature(s) of all new or dissociating general partner(s), if any:**

Filing Fee:

Certified Copy (optional):

Certificate of Status (optional):

\$52.50

\$52.50

\$8.75