A21773

(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

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

2025 MAR 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2015 MAR 29 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Insert name currently on file with Florida Department of State

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:

Title	Name	Address	Type of Action
GP	AQUA CORP	2600S. OCEAN BLVD (LPH) BOCA RATON, FL 33432	☐ Add ☒ Remove
GP	AQUA 1 CORP	2600S. OCEAN BLVD (LPH) BOCA RATON, FL 33432	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ 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 1 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.)

Alan Kelf

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

Filing Fee: $52.50
Certified Copy (optional): $52.50
Certificate of Status (optional): $8.75