(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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JAN 1 7 2017 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporation		•		
SUBJECT:	JDPIERRE Name of Limi	HOLDINGS ted Liability Company	LLC	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	JOEL	DIPIERRE Name of Person		
	JAPIER	PRE HOLDINGS	LLC	
	10083	SW 142 PL Address		· 24
	MiAMi jolbierr E-mail address: (1	FL 33186 City/State and Zip Code e @ gmail. Co o be used for future annual report notifi	om_	TAHASSEE, FLURION 7 JAN 13 PM 2: 25
For further information cond				12:
JOEL D'P	IERRE erson	at (305) 528 Area Code Daytime	Telephone Number	25 g
Enclosed is a check for the f	following amount:			
□ \$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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HOLDINGS, LL	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number	were filed on OCT 04, 20	10 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
AQUAAS TECHNOL The new name must be distinguishable and contain the words "Limited Liabilit	LOGIES, LLC	
The new name must be distinguishable and contain the words "Limited Liabilit		
Enter new principal offices address, if applicable:	12973 SW # 261 MiAMi, FL	117 57
(Principal office address MUST BE A STREET ADDRESS)	# 26/	
	MIAMI, FL	33/86
Enter new mailing address, if applicable:	N/A	TALL N
(Mailing address MAY BE A POST OFFICE BOX)		11 11
		<u> </u>
B. If amending the registered agent and/or registered off	ice address on our records, <u>enter</u>	the name of the new?
registered agent and/or the new registered office address here	:	25 25
Name of New Registered Agent:	N/A	
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 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 = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
	N/A	N/A	Add
			Remove
			Change
			Add
			Remove
			Change OH
			Add Removes 25
			☐ Change
		-	Remove
			Change
			Add
			Remove
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	•		Change

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an effective date is listed, ote: If the date inserte	than the date of filing the date must be specific and d in this block does not e on the Department of	nd cannot be prior meet the applica	to date of filing or make able statutory filing	(opti ore than 90 days after g requirements, thi	r filing.) Pursuant to 605.0	0207 i d as t
	a delayed effective r the record is filed		t an effective t	ime, at 12:01 a	a.m. on the earlie	r of:
	ARY 11	, 201	Z.			
ated JANU						
ated JANU	M	es :	prized representative			

Page 3 of 3

Filing Fee: \$25.00