## 110 000 103031

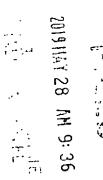
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RECEIVED MAY 2.8 2019



R. WHITE

## **COVER LETTER**

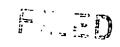
TO:	Registration So Division of Cor						
CHD IE	AQUAAS TECHNOLOGIES, LLC.						
SUBJE	Name of Limited Liability Company						
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
AQUAAS TECHNOLOGIES, LLC. SUBJECT:							
		Joel D'Pierre					
			Name of Person				
		Aquaas Technologies,LLC.					
		1	Firm/Company				
12973 SW 112th.Street; Suite #261							
		Miami El 33186					
	City/State and Zip Code						
				fication)			
For furt	her information c	oncerning this matter, please c	all:				
Joel D	'Ріетге						
	Name o	d Person		e Telephone Number			
Enclose	ed is a check for the	he following amount:					
\$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
	Registr			n			

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 MAY 28 AM 9: 36

AQUAAS TECHNOL	OGIES,LLC.	יט יכ וווי בי
(Name of the Limited	I Liability Company as it now appears on our record A Florida Limited Liability Company)	is.) T
()	A Florida Limited Elability Company)	
The Articles of Organization for this Limited Lial	bility Company were filed on 10/04/2010	and assigned
1 10000103031		<del></del>
Florida document numberL10000103031	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
N/A		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	N/A	
	<del></del>	
<u>Principal office address MUST BE A STREET</u>	ADDRESS)	-
	-	
Enter new mailing address, if applicable:	N/A	
•••	OV)	
Mailing address MAY BE A POST OFFICE B	<u></u>	
3. If amending the registered agent and/or		s, <u>enter the name of the </u>
egistered agent and/or the new registered offi	ce address here:	
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street addres	
	Enter vanua street aaares	
		**
	, Fl	orida 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOEL D'PIERRE	12973 SW 112th. ST; Suite #261 Miami, FL 33186	<b>□</b> Add
			□ Remove
			☐ Change
AMBR	HUGO GOICOECHEA	11999 Classic Dr. Coral Springs. FL 33071	Add
			Remove
			Change
			Add
			□ Remove
		<del></del>	Change
			Add
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
	<del></del>		Add
			Remove
			□ Change
	•	· · · · · · · · · · · · · · · · · · ·	
		<del></del>	☐ Remove
			Change

-	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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lf an effe <u>Note:</u>	ve date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at $12.01\ a.m.$ on the earlier of 90th day after the record is filed.
Dated j	5/22/19
.,	Meres -
	Signature of a member of a member  JOEL DIPIERRE

Page 3 of 3

Filing Fee: \$25.00