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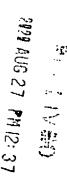
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 8/27/2020

PRIORITY Routine

OUR REF # (Order ID#) 848925

ORDER ENTITY ACQUAMARINA 3787, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: ACQUAMARINA 3787, LLC (FL)

File the attached amendment

NOTES: I LIVE TO THE TENT OF ALL SOUTH TO THE SECOND OF THE SECOND SECON

\$25.00 Authorized

Email address for annual report reminders: ceciliabrannon@gmail.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, August 27, 2020 Page 1 of I

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACQUAMARINA 3787, LLC			
(Name of the Limited Liability (A Florida	ly Company as it now appea Limited Liability Company)	rs on our records.)	-
The Articles of Organization for this Limited Liability C Florida document number L12000021032	ompany were filed on Fe	bruary 13th, 2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company b	trt:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the c	esignation "LLC" or the abbr	evation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		
	·* =		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		

B. If amending the registered agent and/or registered	d office address on our r	ecords, 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:	-		
New Registered White Address.	Enter Ho	rida street oddress	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	d Agent;		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	ompl <mark>ete performance of</mark> gent as provided for in (my duties, and I am fa Chapter 605, F.S. Or, if	miliar with and this document is
	If Changing Registered As	ent, Signature of New Regi-	tered 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
MGR	Renzo Pasquale Zeglio Agresta	1331 Brickell Bay DR # 3703	= Add
		Miami _e FL 33131	□ Remove
			[] Change
			CJAdd
			□Remove
			Change
			□Add
			[]Remove
			() Change
			DAid
		·	□Remove
			UChange
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			□Remove
			□Change



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ctive date, if other than the da effective date is listed, the date must be	specific and cannot be g	onor to date of filing	or more than 90 days a	ptional) itter filing.) Pursuant to	605,020
If the date inserted in this block ment's effective date on the Depar	does not meet the ap tment of State's reco	plicable statutory rds.	filing requirements,	this date will not be	listed r
ord specifies a delayed effective da filed.	te, but not an effectiv	re time, at 12:01 a	in, on the carlier of	(b) The 90th day (after th
inco.			•		
August 24th	2020	_			
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Filing Fee: \$25.00