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(Re	equestor's Name)	
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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: AQUATERYA BYOKERASE LLC Same of limited Liability Commany
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nadiuska Vilchez
Aquaterra Brokerast, LLC
Firm/Company
1170 Nr. 1915+ A710
1170 NE 1915 + AZ (9)
Miawi, FL 33179 City/State and Zip Code
City/State and Zip Code
Nadius kay? I chez ? Jahoo . wm E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Area Code Daytine Telephone Number
Name of Person Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
© \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed Certified Copy
(additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations Olifon Dail Line
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	by were filed on $5-3-3013$	and assigned
Florida document number <u>L130 000 60 317</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SECRE IS ON
(Principal office address MUST BE A STREET ADDRESS)		DF (
		A A
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, ente	er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mbfm	Abrev, Analuisa	13921 5W 715+ Lang MIAMI, FC 33183	
			Remove
MGRM	Nadiuska Vilchez	1170 NE 1915+ A26 miami, FL 33179	0X _Add
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	Signatuke	of a member or aut	horized representa	tive of a member		

Page 3 of 3

Filing Fee: \$25.00