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L13000124625

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GFB TAX SERVICE LLC
Account Number : I20120000047
Phone : (754) 246-6160
Fax Number : (954) 510-2072

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2013 OCT -9 AM 8:27

CM 11

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: gastonbelen@gfbtaxservice.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AQUAREL INVESTMENTS, LLC

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

J. SAUI SBERRY
EXAMINER
OCT 10 2013

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COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: AQUAREL INVESTMENTS, LLC
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:

GASTON BELEN
Name of Person
GFB TAX SERVICE LLC
Firm/Company
5210 SW 201st TERRACE
Address
SOUTHWEST RANCHES, FL 33332
City/State and Zip Code
GASTONBELEN@GFBTAXSERVICE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON BELEN at (**754**) **246-6160**
Name of Person Area Code & Daytime Telephone Number

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FILED
TALLAHASSEE, FLORIDA
STATE

Enclosed is a check for the 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AQUAREL INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/04/2013 and assigned
Florida document number L13000124625.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. 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 as provided for in Chapter 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

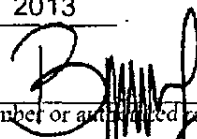
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GASTON F. BELEN	6303 BLUE LAGOON DRIVE SUITE 400 MIAMI, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated OCTOBER 9, 2013



 Signature of a member or authorized representative of a member
GASTON BELEN

 Typed or printed name of signee