

5/28/2015

Division of Corporations

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L1300134625

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

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

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TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	0
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JUN 02 2015
J. BRUCE

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

2200 N. COMMERCE PARKWAY, SUITE 200

Address

WESTON, FL 33326

City/State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE FLORIDA

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For further information concerning this matter, please call:

GASTON BELEN

Name of Person

754 246-6160

at ()

Area Code

Daytime Telephone Number

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

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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)

C/O GFB TAX 2200 N. COMMERCE PARKWAY
SUITE 200
WESTON, FL 33326

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

C/O GFB TAX 2200 N. COMMERCE PARKWAY
SUITE 200
WESTON, FL 33326

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: GFB TAX SERVICE LLC
New Registered Office Address: 2200 N. COMMERCE PARKWAY, SUITE 200
Enter Florida street address
WESTON, Florida 33326
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HORACIO M BARAKAT	20801 BISCAYNE BLVD	<input type="checkbox"/> Add
		SUITE 501	<input checked="" type="checkbox"/> Remove
		AVENTURA, FL 33180	
MGR	GASTON F BELEN	6303 BLUE LAGOON DRIVE	<input type="checkbox"/> Add
		SUITE 400	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33326	
MGR	HORACIO M BARAKAT	C/O GFB TAX 2200 N. COMMERCE PARKWAY	<input checked="" type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		WESTON, FL 33326	
MGR	GASTON F BELEN	C/O GFB TAX 2200 N. COMMERCE PARKWAY	<input checked="" type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		WESTON, FL 33326	
			<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.)

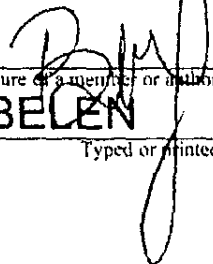
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Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 28 2015



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

Typed or printed name of signee

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Filing Fee: \$25.00

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