

L19000 147498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

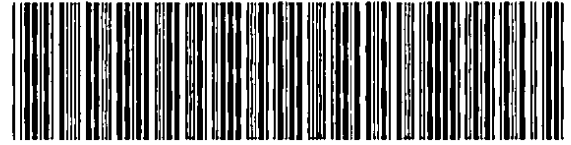
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500331383765

07/01/19--01015--024 **35.00

SEE ATTACHED FOR
FILING INFORMATION

2019 JUL 15 AM 9:27

FILED

Y SULKER

JUL 23 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2019

LINDA LAQUER REV TR 1997 LLC
10170 VESTAL CT
CORAL SPRINGS, FL 33071

SUBJECT: LINDA LAQUER REV TR 1997 LLC
Ref. Number: L19000147498

We have received your document for LINDA LAQUER REV TR 1997 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 919A00013999

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LINDA LAQUER REV. TR. 1997 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:

THOMAS LAQUER
Name of Person

AQUARIUS FS ENTERPRISES LLC (new LLC)
Firm/Company

10170 VESTAL CT
Address

COGAL SPRINGS FL 33071
City/State and Zip Code

TDLAQUER@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS LAQUER at (904) 254 0077
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LINDA LAQUER REV. TR. 1997 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 6/03/2019 and assigned Florida document number L 19000147498

This amendment is submitted to amend the following:

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

AQUARIUS FS FETTERSEA LLC
The new name must be distinguishable and contain 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)

N.A.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

L.LAQUER@ymail.com

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:

N.A.

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	LUCIA LAQUER		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Remove
MGR	THOMAS LAQUER		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NEW EIN NUMBER WILL

Be Applied for when LHC approved

(AQUARIUS 75 ENTERPRISE

Existing EIN # 650281950 IS FOR

~~THE~~ LINDA LAQUER REV. TR 1997 WHICH

IS NOT & DOES NOT NEED TO BE LHC.

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


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 7/18/19


Signature of a member or authorized representative of a member

THOMAS LAQUER
Typed or printed name of signee