

**CORPORATE
ACCESS,
INC.**

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WALK IN

PICK UP: 4/28 Glinda

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** LLC AMEND

1. AQUA POINT RESTORATION PROS LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aqua Point Restoration Pros 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:

Melissa Weber-Dominguez
Name of Person

Aqua Point Restoration Pros LLC
Firm/Company

340 Longland Ave
Address

FL Lauderdale FL 33312
City/State and Zip Code

mdominguez@aquapointrestoration.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Weber-Dominguez at (954) 638 4275 OR 1866 956
Name of Person Area Code Daytime Telephone Number
AQUA

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**

Aqua Point Restoration Pros 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 3-15-21 and assigned Florida document number L21000121420.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

RECEIVED
MAR 10 2021
STATE
SECRETARY

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:

Melissa Weber - Dominguez

New Registered Office Address:

340 Long Island Ave.
Enter Florida street address

Ft Lauderdale

City

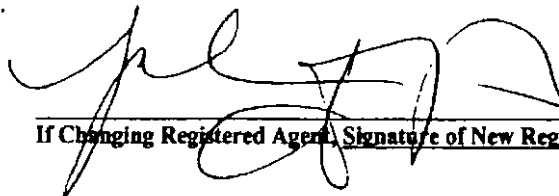
Florida

33312

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>
AMBR	Yovany Acevedo	1423 Sw 46th Ave	<input checked="" type="checkbox"/> Add
		Ft Lauderdale FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Melissa Weber-Dominguez	340 Long Island Ave	<input checked="" type="checkbox"/> Add
		Ft Lauderdale FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Melissa Weber-Dominguez	340 Long Island Ave	<input checked="" type="checkbox"/> Add
		Ft Lauderdale FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yuneí Gonzalez Amalés	1423 Sw 46th Ave	<input checked="" type="checkbox"/> Add
		Ft Lauderdale FL 33317	<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.)

MYM Property management LLC
Should be removed as registered agent

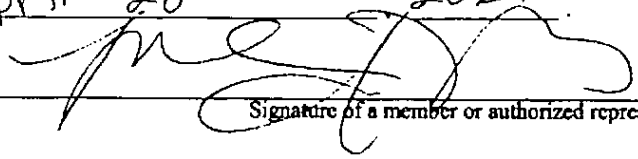
Multiple horizontal lines for additional amendments.

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 April 28 2021


Signature of a member or authorized representative of a member

MELISSA Weber - Dominguez
Typed or printed name of signee