

L21000217326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

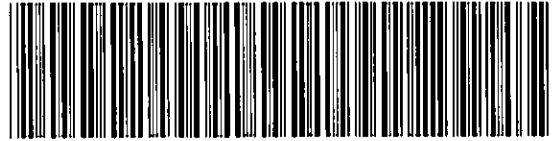
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/28/22--01013--015 \*\*25.00

FILED

2022 FEB 28 AM 9:08

CLERK OF STATE  
TALLAHASSEE, FL

2022 FEB 28 PM 3:05

Amended

MAR 01 2022

J ALBRITTON

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

3401 Aqua LLC

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_ Courier \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3401 Aqua 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:

Angel Francisco Condom  
Name of Person  
Angel Francisco Condom, PA  
Firm/Company  
2750 NE 185th Street, Suite 200  
Address  
Aventura, FL 33180  
City/State and Zip Code  
Office@afc-pa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Francisco Condom at ( 888 ) 591-0008  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                               |                                                                        |                                                                                                  |                                                                                                                            |
|---------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> <u>\$25.00 Filing Fee</u> | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

3401 Aqua LLC

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

FILED  
2022 FEB 28 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/10/2021 and assigned  
Florida document number 121000217326.

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)

**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:

Angel Francisco Condom, P.A.

New Registered Office Address:

2750 NE 185th Street, Suite 200

Enter Florida street address

Aventura

City

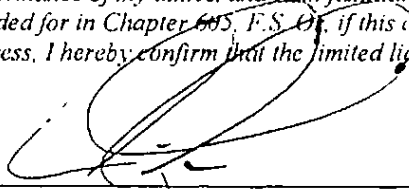
Florida

33180

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. If, 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          | Raquel Vaisberg | 17749 Collins Avenue, Apt 3401 | <input checked="" type="checkbox"/> Add    |
|              |                 | Sunny Isles Beach, FL 33160    | <input type="checkbox"/> Remove            |
|              |                 |                                | <input type="checkbox"/> Change            |
| MGR          | Enrique Quimper | 848 Brickell Ave, Suite 1010   | <input type="checkbox"/> Add               |
|              |                 | Miami, FL 33131                | <input checked="" 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            |
|              |                 |                                | <input type="checkbox"/> Add               |
|              |                 |                                | <input type="checkbox"/> Remove            |
|              |                 |                                | <input type="checkbox"/> Change            |

