L21000217326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Amend

2022 FEB 28 PM 3:05

MAR 01 2022

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:

- ■ $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 Address:**
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2022 FEB 28 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FL

# 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)

The Articles of Organization for this Limited Liability Company were filed on 05/10/2021 and assigned Florida document number L21000217326.

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, Florida 33180
*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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | Raquel Vaisberg | 17749 Collins Avenue, Apt 3401 | ■Add |
| | | Sunny Isles Beach, FL 33160 | ☐Remove |
| | | | ☐Change |
| MGR | Enrique Quimper | 848 Brickell Ave, Suite 1010 | ☐Add |
| | | Miami, FL 33131 | ■Remove |
| | | | ☐Change |
| | | | ☐Add |
| | | | ☐Remove |
| | | | ☐Change |
| | | | ☐Add |
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| | | | ☐Remove |
| | | | ☐Change |
| | | | ☐Add |
| | | | ☐Remove |
| | | | ☐Change |

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

**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 February 28, 2022

Signature of a member or authorized representative of a member

Angel Francisco Condom

Typed or printed name of signee

**Filing Fee: $25.00**