550157

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	····

Office Use Only



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COVER LETTER

· TO: Amendment Section Division of Corporations NAME OF CORPORATION: _ DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AQUA CORP Firm/Company ALVINKATZMD@GMAIL · COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (917) 334-8855 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **1**\$43.75 Filing Fee & S35 Filing Fee ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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

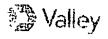
Street Address

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
AQUA CORP.	DOCUMENT# 550157
	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>u</u>
AQUAL COR	P. The new
name must be distinguishable and contain the word "corporation." Inc.," or Co.," or the designation "Corp." "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	. A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent ALVIN	KATZ
	SO. CCAN BLVD LPH21A (a street address) RATON , Florida 33432 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag Thereby accept the appointment as registered agent. I am familia	
Signature of Ne	W Regulared Agent, if changing W Regularity of the state

12/23/23 10:33:	HZ 281	-871-7464	->	5614162177 1	Tenafly Page (187
Address of each Officer a Attach additional sheets, Please note the officer/dit P = President; V= Vice to Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D if necess rector titl President Chief Fi rector wo in the fo eves the c	nirector being add ary) le by the first letter t; T= Treasurer; S inancial Officer. I uld be PTD. llowing manner. O orporation, Sally.	led: - of the office title: S= Secretary; D= f an officer/directa Currently John Do Smith is named th	e of each officer/di NA Director: TR = True or holds more than even is listed as the P:	irector being removed and title, issue: C = Chairman or Clerk; Cone title, list the first letter of each ST and Mike Jones is listed as the fould be noted as John Doe, PT a	name, and EO = Chief office held. V. There is
Example: X_Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>			Address	
l) Change						
Add						
Remove						
2) Change		_			,	
Add						
Remove Change		<u> </u>				
Add						
Remove						
4) Change						
Add						
Remove						_
5) Change						
Add					1/4	3 2
Remove					· · · · · · · · · · · · · · · · · · ·	
6) Change		-			<u> </u>	J j
Add						
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strach additional sheets, if necessary). (Be specific)			
N/A			
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares,			
provisions for implementing the amendment if not contained in the amendment itself:			
(if not applicable, indicate N/A)			
N/A			
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	LAHASSEE, FL	AH II: 30	

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the date of each amendment(s) adoption: 02/16/2024
ffective date if applicable: 02/16/2024 (no more than 90 days after amendment file date)
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
by
Dated 02-16-2024
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
SECT DIRECTOR (Title of person signing)

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SEGLIAHASSEF. FL