(Requestor's Name)		
(Address)	60008282	
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)	01/08/070104	
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	SECRETARY OF STALLAHASSEE, FL	
ALV.	OF STATE E. FLORIDA	

Office Use Only

9196

3--034 \*\*30.00

## **COVER LETTER**

TO: Registration Division o	on Section f Corporations		
SUBJECT: AC	QUARIAN GROUP, LLC		
	(Name of Limited Liability Company)		
	les of Amendment and fee(s) are submitted for filing.		
Please return all con	rrespondence concerning this matter to the following:		
	DENNIS		
	(Name of Person)	_	
	DENNIS R BEDARD ESQ.		
	(Firm/Company)	 1,	
	1717 N BAYSHORE DRIVE SUITE 215	SECT SECT	71
	(Address)	超	-
	MIAMI FL 33132	JAN -8 P 1: 43 CRETARY OF STATE CAHASSEE, FLORID	
	(City/State and Zip Code)	F ST	
For further informa	tion concerning this matter, please call:	ATE ATE	
DENN	IS at ( 305 ) 5300795		
<u> </u>	(Name of Person) (Area Code & Daytime Telephor	ne Number)	,
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	Certificate of Status Certified Copy Certified (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)	0.00 Filing Fee, cate of Status & ed Copy onal copy is enclo	sed)

**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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AQUARIAN GROUP, LLC

	(Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on 2/7/2006 and document number L06000013499	l assigned	
SECOND:	This amendment is submitted to amend the following:	•	
	ADD DENNIS R BEDARD AS MGR		
	ADD ALDO DENIS AS MGRM		
•			
		SECRETARY OF STATE TALLAHASSEE. FLORIDA	
Dated DE	EC 18		
	Boyout Con Signature of member or authorized representative of a member	r	_
	BEVERLY CORR		
	Typed or printed name of signee		_

Filing Fee: \$25.00