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(Address)				
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COVER LETTER

TO:

Registration Section

Division of C	orporations		
SUBJECT:	Starlig	ht Night, LLC	
		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Moonstone White	
		Name of Person	
	<u></u>	Starlight Night, LLC	
		Firm/Company	
7524 North Shores Drive			
		Address	.
		Navarre, FL 32566	
		City/State and Zip Code	
	moon E-mail address: (stonewhite@bellsouth.net to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	call:	
	oonstone White	at \	75-0690
Name	e of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	r 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)
	ILING ADDRESS: stration Section	STREET/COURIED Registration Section	R ADDRESS:
Divis	sion of Corporations Box 6327	Division of Corporati Clifton Building	ons
	hassee, FL 32314	2661 Executive Center	er Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Starlight N	ight, LLC			
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company L0700009895	were filed on	1/26/2007	and ass	igned
Florida document numberL0700009895				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
Aquarius Body				
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	ny," the designation "L	LC" or the a	bbreviation
Enter new principal offices address, if applicable:	7552 Navarre	Parkway, Suite 3	36	
(Principal office address MUST BE A STREET ADDRESS)	Navarre, FL	32566		9
			09	SE SE
			SEP	₽ ₩
Enter new mailing address, if applicable:			23	SET.
(Mailing address MAY BE A POST OFFICE BOX)			≥ E	SE SE
			=	<u> </u>
			23	A.S.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name o	f the new
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:				
	En	ter Florida street add	ress	
		, Florida		
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> Citle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
··-,			Add Remove
			Add Remove
			Add Remove
). If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	-
			_ _
			_
 Dated 	ptenber 2/ , 20	62 While r or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00