

May 07 08 01:07p

Division of Corporations

L080000033314

941-366-0189

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000123574 3)))



H080001235743ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BURGESS, HARRELL, MANCUSO, OLSON & COLTON, P.A.
Account Number : I20000000104
Phone : (941) 366-3700
Fax Number : (941) 366-0189

2008 MAY - 7 A 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AGUAVIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

08 MAY - 7 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT
MAY - 8 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

HO8000123574 3
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AGUAVIDA, 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 April 1, 2008

Florida document number L08000033314

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AGUA VIDA, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

New Registered Office Address:

(Enter Florida street address)

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)

HO8000123574 3

FILED
2008 MAY -7 A 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H080001235743

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 2008 MAY - 7
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE
 Add ☐ Remove ☐
 Add ☐ Remove ☐
 Add ☐ Remove ☐
 Add ☐ Remove ☐

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

Dated

May 6, 2008

Signature of a member or authorized representative of a member

John A. Colton, Esq., as authorized representative of member

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

H080001235743