0800008882

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| (Cit | ty/State/Zip/Phone | <i>⇒ #</i>) |
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| PICK-UP | ☐ WAIT | MAIL |
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| | ainana Fatika Nasa | |
| (Bu | siness Entity Nar | ne) |
| | | |
| · (Do | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| Supplied Instructions to | Cilina Officer | <u> </u> |
| Special Instructions to | Filing Officer: | |
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10/16/09--01032--005 **25.00

T. HAMPTON

NOV - 3 2009

EXAMINER

COVER LETTER

| TO: | Registration Sect Division of Corpo | | | | • |
|----------------|--|---|---|---------------------|--|
| SUBJI | ECT: | AQ So | olutions LLC | | |
| 0020. | | Name of Limit | ted Liability Company | | - |
| The en | closed Articles of A | mendment and fee(s) are sub | mitted for filing. | • | |
| Please | return all correspond | dence concerning this matter | to the following: | | |
| | | | Carolina Zuniga | | |
| | | | Name of Person | | ···· |
| | | | Firm/Company | | |
| | | 1126 | S S Federal Hwy Ste 3 | 349 | |
| | | | Address | | |
| | | For | t Lauderdale, FL 333° | 16 | |
| | | | City/State and Zip Code | | |
| | | in | fo@aq-solutions.net | | |
| | | E-mail address: (t | o be used for future annual repo | ort notification) | |
| For fu | rther information cor | cerning this matter, please c | all: | | |
| | Caro | lina Zuniga | at (_954) | 383-9736 | |
| | Name of I | Person | Area Code & | Daytime Telephone N | umber |
| Enclos | sed is a check for the | following amount: | | | |
| √ \$2: | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is en | Cennclosed) Cen | 00 Filing Fee, rtificate of Status & rtified Copy Iditional copy is enclosed) |

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



RECEIVED

09 NOV -2 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2009

CAROLINA ZUNIGA 1126 S FEDERAL HWY STE 349 FT LAUDERDALE, FL 33316

SUBJECT: AQ SOLUTIONS, L.L.C. Ref. Number: L08000081882

We have received your document for AQ SOLUTIONS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00033310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name</u> of the <u>Limited</u> (A | AQ Solutions LLC Liability Company as it now apper Florida Limited Liability Company | ars on our records.) | |
|---|--|---------------------------|-----------------------------|
| The Articles of Organization for this Limited Li Florida document numberL08000081 | | August 27, 2008 | and assigned |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | f the limited liability company h | <u>ere</u> : | |
| The new name must be distinguishable and end wit "L.L.C." | th the words "Limited Liability Com | pany," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applic (<i>Principal office address MUST BE A STREE</i> | | | SECRE 91VISION 99 NOV |
| Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE | <u>BOX)</u> | | FILEU STAT |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | our records, enter t | he name of the new |
| Name of New Registered Agent: | Carolina Zuniga | | |
| New Registered Office Address: | 124 NW 21st Ct #3 | | |
| | 1 | Enter Florida street add | ress |
| | Wilton Manors | , Florida | 33311 |
| | 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM ≈ Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|---------------|----------------------------------|---|---|
| MGRM | Adriana Downs | 180 SW 79th Ave Margate FL 33068 | Add ☑ Remove |
| MGRM | Juan Agosto | 124 NW 21st Ct #3 Wilton Manors FL 33311 | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, ente | r change(s) here: (Attach additional sheets, if necessary.) | SECRETAR SECRETAR SECRETAR SIVISION OF C |
| Dated | October 13 | 2009 | THE STATE CORPORATION |
| | Signature of a | member or authorized representative of a member | |
| | | Carolina Zuniga Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00