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	(Re	questor's Name	e)	
	(Ad	dress)		
	(Aa	dress)		
	(Cit	y/State/Zip/Pho	ne #)	
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Special Instru	ıctions to	Filing Officer:		

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SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

JUN 2 5-2009

EXAMINER

COVER LETTER

	tion Section of Corporations				
SUBJECT:	Acqu	uasolve F	lorida	a LLC	
_	Name of	f Limited Liab	ility Co	ompany	
Dear Sir or Mada	m:				
The enclosed Art	icles of Correction and fee(s) ar	e submitted fo	r filing.		
Please return all o	correspondence concerning this	matter to the i	ollowin	ag:	
	Donn Rardin	· · · · · · · · · · · · · · · · · · ·		_	
	Name of Person				
	Acquasolve-Florida LL	_C			
	Firm/Company			· · ·	ASE T
	7091 Pinnacle Dr.				ES C
	Address			-	35
	Fort Myers, FI 33907	7			ASSEE, FLORIOR
	City/State and Zip Code			_	70
E-mail addr	onn.Rardin@acquasolvess: (to be used for future annua	e.com al report notifi	cation)	_	RIOA
For further inform	nation concerning this matter, p	lease call:			
	Malia Rardin	_ at (239	281-9255	
	Name of Person		Area C	ode & Daytime Telephone Number	
STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, Flor	orations Center Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a ch	eck for the following amount:				
\$25 Filing Fee \$30 Filing Fee \$ S55 Filing Fee \$ Certificate of Status Certified Copy			\$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (08/05)				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Acquasolve-	Florida, LLC				
(<u>Na</u>	me of the Limited Liability Comp. (A Florida Limited	any as it now appea Liability Company)	rs on our records.			
The Articles of Organization f	or this Limited Liability Compan	y were filed on	May 13, 2009	and assigned		
Florida document number	L0900046954					
This amendment is submitted	to amend the following:					
A. If amending name, enter	the new name of the limited lia	bility company he	<u>re</u> :	y. 4		
The new name must be distingue. "L.L.C."	shable and end with the words "Lin	nited Liability Comp	any," the designation	C" of ge abbreviation		
Enter new principal offices a	ddress, if applicable:			題名一		
(Principal office address MU	ST BE A STREET ADDRESS)	· · ·	· .	SE M		
Enter new mailing address, i				F STATE A		
(Mailing address MAY BE A	POST OFFICE BOX)					
	ered agent and/or registered o new registered office address he		our records, <u>enter th</u>	e name of the new		
Name of New Regist	ered Agent:			· · · · · · · · · · · · · · · · · · ·		
New Registered Offi	ce Address:	F	ton Florida atrest - 11-			
		Enter Florida street address				
		City	, Florida	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 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 <u>Address</u> **Type of Action** Name 1 MGRM Malia Rardin 1640 SE 40th St ✓ Add Cape Coral, Fl 33904 Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 21. 2009 Dated Signature of a member or authorized representative of a member Donn Rardin

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00