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UL 1 1 2014 J. HARRIS

. COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| SUBJECT: Club | Aqua Miami, ELC Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Euger | nio Duarte, Esq! | |
| | | Name of Person | |
| | Euger | nio Duarte, P.A. | |
| | | Firm/Company | |
| | : 000 B | Division Codes 725 | |
| | 999 Ponce de I | _eon Blvd., Suite 735 Address | <u></u> |
| | | | |
| | Coral Gab | City/State and Zip Code | |
| | eduar | te@eduartelaw.com | |
| | E-mail address: (| to be used for future annual report notif | lication) |
| For further information c | oncerning this matter, please co | all: | |
| Eugenio D |)uarte | at (305) 444-195 | 8 |
| | f Person | Area Code Daytime | c Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| TX \$25.00 Filing Fee | (1) \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Club Aqua Miami, LLC (Name of the Limited Liability Company as it now appears on our records.) | | | | | |
|---|--|------------|--------------------|--|--|
| (Name of the Little) | Florida Limited Liability Company) | | | | |
| The Articles of Organization for this Limited Liab | ility Company were filed on5/18/2009 ar | nd assign | ned | | |
| Florida document numberL09000048278 | · · · · · · · · · · · · · · · · · · · | | | | |
| This amendment is submitted to amend the follow | ing: | | | | |
| A. If amending name, enter the new name of the | ne limited liability company here: | | | | |
| The new name must be distinguishable and end with the wor | rds "Limited Liability Company," the designation "LLC" or the abbrevia | tion "L.L. | .C." | | |
| Enter new principal offices address, if applicable | le: | | - | | |
| (Principal office address MUST BE A STREET | ADDRESS) | 14 | 18171 38 | | |
| | | _Ĕ_ | | | |
| | | = | F G G G | | |
| Enter new mailing address, if applicable: | | <u>-0</u> | <u> </u> | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | ₩. | - 1 912 | | |
| | | <u>:</u> | OF TE | | |
| | | 4 | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | registered office address on our records, enter the nee address here: | ame of | the new | | |
| - | | | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | <u>_</u> | | |
| | Enter Florida street address | | | | |
| | , Florida | | | | |
| | City Z _I p | 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Name Address Type of Action** MGR Ana Delgado 2980 SW 21 Terrace, Miami, FL 33145 XAdd ____ Remove □ Add ____

Remove □ Add _ □ Remove □ Remové □ Add ☐ Remove

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| rective da | ite, if other than the date of fulling: | ceipt or filed date and cannot be more than 90 days after |
| ie effective d ie date this d | late must be specific, cannot be prior to date of rec- locument is filed by the Florida Department of Stat | te) |
| ne date this d | late must be specific, cannot be prior to date of reclocument is filed by the Florida Department of Stat | te) |
| ne date this d | locument is filed by the Florida Department of Stat | te) |
| ne date this d | July 8, 2014 | or authorized representative of a member |
| he date this d | July 8, 2014 Signature of a member | te) |

Page 3 of 3

Filing Fee: \$25.00