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EXAMINER



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12/03/12--01043--007 **30.00

SCURETARY OF STATE TALLAHASSEE, FLORIO

12 DEC -3 PM 3:

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Aqua Resort Rentals, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula R. Andrews

Name of Person

Aqua Resort Rentals, LLC

Firm/Company

705 Dubois Drive

Address

Fort Walton Beach, FL 32547

City/State and Zip Code

aquaresortrentals@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula R. Andrews

850 **797-8373**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

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

Aqua Resort Rentals, LL0							
(Name of the Limited L (A F	iability Compan Iorida Limited Li	y as it now appears on o ability Company)	ur records)			
The Articles of Organization for this Limited Liab Florida document number L0900053453					nd assi	igned	
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited liabi	lity company here:					
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," tl	ne designati	on "LLC" c	or the a	bbreviatio	
Enter new principal offices address, if applicat	ole:	705 Dubois Driv	/e		12 DE	<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)	Fort Walton Bea	ach, FL	32547	:C +3	Name and A	
				<u></u>	32		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		705 Dubois Driv	ve		မှ ု	harry f	
		Fort Walton Bea	ach, FL	32547	9.		
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, <u>en</u>	ter the na	ame o	f the nev	
Name of New Registered Agent:	Paula Andrews						
New Registered Office Address:	705 Dubois Drive						
		Enter Florida street address					
	Fort Walto		, Florid	_{la} 32547	, 		
		City		Zip	o Code	1	
New Registered Agent's Signature, if changing Re	gistered 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

Page 1 of 3

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	David Andrews	240 Brooks Street	Add
		201-A	Remove
		Fort Walton Beach, FL 3254	7_
			Remove
			_
			Add
			Remove
			_
			_ Add
			Remove
			_
			_ Add
			Remove
			_
			Add
			Remove

Amending to a single member entity. Change remaining
MGRM (Paula R. Andrews) address to: 705 Dubois Drive
Fort Walton Beach, FL 32547

Dated November 29 2012

Signature of a member of authorized representative of a member
Paula B Andrews

Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00