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COVER LETTER

Division of Corporations
SUBJECT: HQUARIUS DEVELOPMENT //C
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:
TSABelle Viriello Name of Person
Name of Person
AQUARIUS DEVELOPMENT /k
Time Company
2385 NW EXECUTIVE CTTZ DR # 1000 Address
Address
BOCA RATON FL 3343/ City/State and Zip Code STEVEVITIEND & Adv. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address; (to be used for future animal report notification)
For further information concerning this matter, please call:
TSABELLE VITIELLS at (561) 212-3779 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AQUARIUS DEV (Name of the Limited Liability Co. (A Florida Lim	omnanvas i	t now appears on our records.) y Company)	SEE WILLS
The Articles of Organization for this Limited Liability Con Florida document number	npany were	filed on <u>8/11/2009</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability c	ompany here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Lia	ability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		SAME	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ddress on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	SAMÉ		
New Registered Office Address:	SAME	Enter Florida street add	drage
	Cin	, 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 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 **Type of Action** Title Name **Address** CAMILLE VITIEILE MGRM 2385 NW EXECUTIVE CTR ABOUT 33431 MORM ISABELLE VITIELLO DRIVE #100 BOXA RATON FL 33431 Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
·		
ated _	4/24/13	
	amille titule	
	Signature of a member or authorized representative of a member	
	CAMILLE VITIELLO	
	Typed or printed name of signee	

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Filing Fee: \$25.00