

LO9000077233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

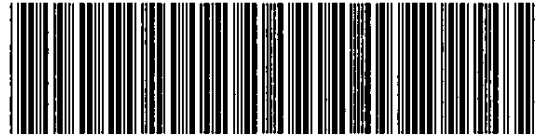
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/09--01021--015 **60.00

FILED
09 SEP -2 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 26 2009

EXAMINER

(Handwritten mark)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2009

PABLO L CEJAS
PO BOX 565640
MIAMI, FL 33256-5640

SUBJECT: AQUARIUS CAPITAL 1 LLC
Ref. Number: L09000077233

We have received your document for AQUARIUS CAPITAL 1 LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return 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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 709A00028856

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aquarius Capital 1, 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:

Pablo L. Cejas
Name of Person

Aquarius Capital, LLC
Firm/Company

P.O. BOX 565640
Address

Miami, Florida 33256-5640
City/State and Zip Code

Lisa@aquariuscp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa M. Castro at (305) 447-9493
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 **FILED**
ARTICLES OF ORGANIZATION
OF

09 SEP -2 PM 2: 56

Aquarius Capital 1, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/11/2009 and assigned Florida document number LO9000077233.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ascendant Management Services, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

420 Lincoln Road

Suite 330

Miami Beach, Florida 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 565640

Miami, Florida 33256-5640

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Aquarius Capital, LLC

New Registered Office Address:

420 Lincoln Road, Suite 330

Enter Florida street address

Miami Beach

City

Florida

33139

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

Page 1 of 2

[Signature]
Managing Member
Aquarius Capital, LLC

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:

FILED

MGR = Manager
MGRM = Managing Member

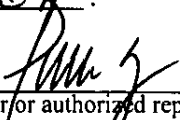
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title	Name	Address	Type of Action
MGRM	Pablo Cejas	8725 NW 13 Terrace Dor 91, Florida 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Aguarius Capital, LLC	P.O. Box 565240 Miami, Florida 33256-5640	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Sole Member	Pablo L. Cejas	P.O. Box 565240 Miami, Florida 33256-5640	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated September 2, 2009.



Signature of a member or authorized representative of a member

Pablo L. Cejas Sole Member

Typed or printed name of signee