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D. BRUCE

NIN 0 5 2012

EXAMINER

COVER LETTER

Division of Corporations		
•	•	
SUBJECT: AQUARIUS LAND HOLDINGS		
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:		
rease return an correspondence concerning this matter to the following.		
Co. II. Comer man		
Scott SAIDEL ESQ. Name of Person	_	
Name of Person		
THE LAW AFFIRE AT COME TO SAL	DEI	
THE LAW OFFICES OF SCOTT F. SAI	- Dt	
T with Company		
SZOL N. FEDERAL HUY S 13	2 N	
S301 N. FEDETZAC HWY, S.13	70	
Address BOCA RATON, FL 33487 City/State and Zip Code Scott_ Saidel Comercial NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	12 JUN -4 PH 12:57	
City/State and Zip Code		125
SCOTT SAIDEL CAMENCE NET	ASS ASS	Creation
E-mail address: (to be used for future annual report notification)	13.5 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7	د ماسعاً
For further information concerning this matter, please call:	T 3	ار ک ^{ید} در
To Turner mornation concerning this matter, please call.	LOS TA	
Scott SAIDE 1 at (561) 306-6560	57 315 816)	
Scott SAIDE at (561) 306-6560 Name of Person Area Code & Daytime Telephone Number	er	
The Code & Daytime Pelephone Humb	CI.	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 F	iling Fee,	
	cate of Status &	<u>'</u> د
	ed Copy	.1 8
(addition	onal copy is en	ciosed)

Registration Section :

TO:

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

AQUARIUS					
(<u>Name of the Limited Liat</u> (A Flor	<u>ility Company</u> ida Limited Liab	<u>as it now appe</u> pility Company)	ars on our record	<u>is.</u>)	
The Articles of Organization for this Limited Liabili		ere filed on	12 16 20	09	and assigned
Florida document numberL09000 11957	<u> </u>				
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liabilit	y company h	ere:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited	Liability Com	pany," the designa	ation "LLC	" or the abbrevia
Enter new principal offices address, if applicable	:			<u>=====</u>	
(Principal office address MUST BE A STREET A.	DDRESS)	.		<u> </u>	N)
Enter new mailing address, if applicable:				HASSEE, FLO	100 CD
(Mailing address MAY BE A POST OFFICE BOX	<u>U</u> .		<u> </u>	- 10 K	57
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	address here:	FSA	IDEL, ES	<u>a</u> .	
New Registered Office Address:	5301 N	FEDERAL	HWY Enter Florida str	SUITE	130
_		ZMON City		ida3	S 3 4 8 7 Zip Code
	. <u>.</u>	/			<i>x</i>

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 Address** <u>Name</u> ISABELLE VITIELLO 1382 NO EXECUTIVE CENTED OF WAG MARA Remove ROLA BAJON, MG BM 2385 NW EXECUTIVE CELTER DE CAMILLE VITIELLO SUME 100 Remove GOCA ENTON, FI Remove Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member TSABEILE VITIE/IO
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00