1000042162

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(Address)				
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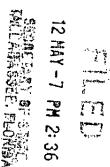
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EXAMINER



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COVER LETTER

TO:	Registration Sect Division of Corpo	ion prations	`r .		
SUBJE	СТ:	AQU	ANITE, LLC		
	Name of Limited Liability Company				
The end	losed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspond	lence concerning this matter	to the following:		
		JOSHUA PAUSE SCHREIBMAN			
Name of Person					
COACHNITE, LLC					
Firm/Company					
	220 PINEAPPLE STREET				
Address					
SATELLITE BEACH, FLORIDA 32937					
	City/State and Zip Code				
	JOSH@COACHNITE.COM				
E-mail address: (to be used for future annual report notification)					
For furt	her information con	cerning this matter, please ca	all:		
	JOSHUA PAU	JSE SCHREIBMAN	at (321) 7	75-4484	
Name of Person			Area Code & Daytime	Telephone Number	
Enclose	d 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)	S60.00 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

AQUANI				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appe Liability Company	ars on our records.)		
·				
The Articles of Organization for this Limited Liability Company	Articles of Organization for this Limited Liability Company were filed on April 20, 2010 and assigned			
Florida document number L10000042162				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company h	ere		
COACHNI	TE, LLC			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Com	pany," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable: 220 PINEAPPLE		PPLE STREET		
(Principal office address MUST BE A STREET ADDRESS)	SATELLITE BEACH, FLORIDA			
	32937	\$ 12		
Enter new mailing address, if applicable:	220 PINEAF	PLE STREET		
(Mailing address MAY BE A POST OFFICE BOX)	SATELLITE	BEACH, FLORIDA -		
	32937	76 N		
		ြို့မြို့ ယ		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter the name of the nev		
·				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
·		, Florida		
	City	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 ☐ Add Remove □ Add ☐ Remove Add Remove Remove ∏Add ___ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The company formerly known as Aquanite, LLC will henceforth be known as Coachnite, LLC. The brand name "Aquanite", along with all Aquanite assets and liabilities are now the sole property and responsibility of Coachnite, LLC. Ownership and management of Coachnite, LLC remains identical to that of the former Aquanite, LLC. Dated _____ April 19 2012 Signature of a member or authorized representative of a member JOSHUA PAUSE SCHREIBMAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00