# L10000049877

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EXAMINER



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Suite 321 CORAL GABLES, FLORIDA 33146

TELEPHONE (305) 665-5270 FACSIMILE (305) 665-1112 AIL ADDRESS LawOrlz@aol.c

June 17, 2010

### By: Federal Express

Registration Section **Division of Corporations** Clifton Building -2661 W Executive Center Circle Tallahassee, FL 32301

> Re: Aquabum LLC Client File No. 130UU

To Whom It May Concern:

Enclosed please find the Articles of Amendment to Articles of Organization for the amendment of Manager Members of Aquabum LLC.

In addition, I have included a Michael Ortiz, P.A. check in the amount of \$25.00 to cover the processing fee.

MICHAEL-ORTIZ, P.A.

TO: Registration S Division of Co	ection rporations			
SUBJECT:	AQU	IABUM LLC	<b>t</b>	
<del></del>	Name of Limi	ted Liability Company		ರ್ಷ
	•		•	6
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		10 JUN 21 MARZ
Please return all corresp	ondence concerning this matter	to the following:	į	
			:	
•	<u>.</u>	MICHAEL ORTIZ	1	2
		Name of Person		•
		· · · · · -		•
	M	IICHAEL ORTIZ, P.A	<u>4.                                      </u>	-
-		Firm/Company		
	1430 S. D	DIXIE HIGHWAY, SL	JITE #321	
		Address	· · · · · · · · · · · · · · · · · · ·	
	,	· ·	1	
•	COF	RAL GABLES, FL 33	3146	
•		City/State and Zip Code	•	
	MICH	IAEL@LAWORTIZ.	COM	
•	E-mail address: (	to be used for future annual re	eport notification)	
For further information	concerning this matter, please o	all:	:	·
MIC	CHAEL ORTIZ	at ( 305 )	665-5270	
Name	of Person		& Daytime Telephone Number	
Enclosed is a check for	the following amounts			
٠				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy- (additional copy is	enclosed) Certificat	e of Status & ~
			(addition)	al 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

AQUABUM LLC
(Name of the Limited Liability Company as it now appears on our records,)

(A Florida Lim	iited Liabil	ity Compan	<b>y</b> )	•	5
he Articles of Organization for this Limited Liability Com	npany wer	e filed on _	MA	( 10, 2010	and assigned
lorida document number L10000049877	•				72
					. 2
his amendment is submitted to amend the following:		. , .	-	:	<b>*</b>
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>.</u>		وثر
If amending name, enter the new name of the limited	d liability	<u>company</u>	<u>here</u> :		
	•			· · · ·	
he new name must be distinguishable and end with the words L.L.C."	"Limited L	iability Co	mpany," th	e designation '	'LLC" or the abbrevia
nter new principal offices address, if applicable:		•		1	
Principal office address MUST BE A STREET ADDRES	<u>55)</u>				
					<del></del>
	_		•.		
nter new mailing address, if applicable:			•		
Mailing address MAY BE A POST OFFICE BOX)	· <del></del>			f	-
24(1) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · ·	,			**
	•	·		: .	
3. If amending the registered agent and/or registere	ed office	address o	n our re	cords, <u>enter</u>	the name of the_n
egistered agent and/or the new registered office addres	s here:	•			
	•			;	
Name of New Registered Agent:				1	·
New Registered Office Address:			a *- **		
TION TORRINGS OF THE PROPERTY			Enter Flo	rida street ad	dress
TION TOGUESTS	-		Enter Flo	i	dress
	Ci	tv	Enter Flo	rida street ad , Florida _	
ew Registered Agent's Signature, if changing Registered A	Ci	<i>y</i>	Enter Flo	i	Zip Code

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> **Address** Type of Action Name ' **MGRM** FRANCISCO PAVAN C/O 1430 S. DIXIE HIGHWAY Add CORAL GABLES, FL MGRM DIANA PAVAN C/O 1430 S. DIXIE HIGHWAY □ Add Remove CORAL GABLES, FL MGRM JUAN PAVAN` C/O 1430 S. DIXIE HIGHWAY 🗹 Add Remove CORAL GABLES, FI PRESTON III LLC MGRM **✓** Add C/O 1430 S. DIXIE HIGHWAY Remove ∐Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member MICHAEL ORTIZ Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00