Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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COVER LETTER

TO: Registration ! Division of Co	Section orporations					
SUBJECT:	Aquatic Ve	enture Group, LLC				
		ited Liability Company				
The enclosed Articles o	of Amendment and fec(s) are su	bmitted for filing.				
Please return all corresp	nondence concerning this matte	to the following:				
•		Kevin D. Obos				
Name of Person						
	Harrison, Sale,	McCloy, Duncan & Jack	kson, Chtd.			
Firm/Company						
	5	304 Magnolia Avenue				
Address						
	Þ	anama City, FL 32404				
		City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of					
Kevin D. Obos		at (_850)	769-3434			
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 Cupy (additional copy is enclo	\$60.00 Filing Fcc, Certificate of Status & sed) 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

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Aquatic Ventu (Name of the Limited Liability Comp (A Florida Limited	ire Group, LL pany as it now apper Liability Company	C ars on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on _	August 20, 2010 and assigned	
Florida document number <u>L10000087473</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	cre;	
The new name must be distinguishable and end with the words "Lir"L.L.C."	mited Liability Com	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable;			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered (registered agent and/or the new registered office address he		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
New Registered Agent's Signature, if changing Registered Agent	City	Zip Code	
THE RESIDENCE AREAL 3 DIRECTORS IN CHANDELLE RESISTERED AREA	<u>Li</u>		

I hereby accept the appointment us 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.

Page 1 of 2



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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

<u>Title</u>	Name	Address	Type of Action
MGRM	Global Vision Group, LLC	192 Piedmont Whiteball, MT 59759	Add Remove
<u>MGRM</u>	Larry Parrish	192 Piedmont Whitehall, MT 59759	_ ✓ Add ☐ Remove
	,		Add Remove
***************************************			Add Remove
<u></u>			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
<u>-</u>			
Dated	August 24 ,	2010	_
	Signatura 20 a mamb	per or Authorized representative of a member	
		Kevin D. Obos	-1

Page 2 of 2

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