## 10000098458

(Requestor's Name)			
(Address)			
(Address)			
( and the second			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L. SELLERS			
JUL <b>– 6</b> 2011			

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**EXAMINER** 



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07/05/11--01040--012 \*\*60.00

TILED

11 JUL-5 PH 2: 44
SECRETARY OF STATE

## **COVER LETTER**

	Registration Secti Division of Corpo			
SUBJEC	T:	AQUA	ATOPIA, LLC	
		Name of Limi	ted Liability Company	
The enclo	sed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspond	ence concerning this matter	to the following:	
		AN	THONY C SAUNDERS	
Name			Name of Person	
			AQUATOPIA, LLC	
			Firm/Company	<del></del>
		6 E	TEXAR DR, SUITE C	
			Address	
		PI	ENSACOLA,FL 32503	
			City/State and Zip Code	
		AQUA	ARIA@AQUARIAFL.COM to be used for future annual report notifi	
		·	•	canony
For furthe	r information con	perning this matter, please of	all:	
	ANTHONY	C SAUNDERS	at ( 850 )	438-3043
Name of Person			Area Code & Daytime	e Telephone Number
Enclosed i	is a check for the f	following amount:		
<b>\$25.00</b>	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 ARTICLES OF ORGANIZATION OF

(Name of the Limited Liah	Dility Company as it now a rida Limited Liability Comp	ppears on our records.)	<del></del>		
(A Flor	ida Limited Liability Compa	any)			
The Articles of Organization for this Limited Liabili	ty Company were filed on	SEPTEMBER 21,20°	10 and as	signed	
Florida document numberL10000098458	<u>3</u> .				
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liability compan	y here:			
	AQUARIA, LLC				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability C	ompany," the designation "L	LC" or the	abbreviati	on
Enter new principal offices address, if applicable	<b>:</b>				_
(Principal office address MUST BE A STREET A)	DDRESS)				-
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE BOX	2				_
B. If amending the registered agent and/or re registered agent and/or the new registered office		on our records, enter th	ie name (	of the ne	<u>:w</u>
Name of New Registered Agent:			<u> </u>		
New Registered Office Address:			를 <u>두</u>		
		Enter Florida street dddr	ess ou ≺		
<del></del>	City	, Florida :	Zip Code		-
New Registered Agent's Signature, if changing Regis	•		=		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			[T] Damaria		
			Add Remove		
	<del></del>		Remove		
<del></del>			AddRemove		
			Add Remove		
<u></u>					
D. If amend	ling any other information	, enter change(s) here: (Attach additional sheets, i	if necessary.)		
********					
Dated	JULY 1ST				
	<u>UMMOU</u> Signapar	e of a member or authorized representative of a member	er		
		ANTHONY C SAUNDERS Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00