L10000129783

(Re	equestor's Name)			
(Ac	ldress)			
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(Cir	ty/State/Zip/Phone	#)		
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T. HAMPTON

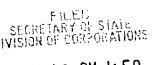
COVER LETTER

TO: Registration S Division of C	Section orporations			
SUBJECT:	AQL	JA 777, LLC		
	The state of the s	ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		TIMOFEEV, IGOR Name of Person		
Firm/Company				
	05			
		Address		
	60			
	stification)			
For further information	concerning this matter, please of	to be used for future annual report no call:	, mountain,	
	10FEEV, IGOR	at (_305_)	319-2211	
Name	of Person	Area Code & Day	time 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 Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:		STREET/COU	RIER ADDRESS:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION SECRETARY OF STATE OF CORPORATIONS **OF**



12 JUL 16 PM 1:50

AQUA 77	77, LLC						
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appear Liability Company)	r <u>s on our records.</u>)					
The Articles of Organization for this Limited Liability Company Florida document numberL10000129783	Articles of Organization for this Limited Liability Company were filed on12/21/2010 and assignda document numberL10000129783						
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company her	re:					
the state of the same of the s	me, company me	- - -					
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Compa	any," the designation "L	LC" or the abbreviation				
Enter new principal offices address, if applicable:	17885 COLLINS AVE, UNIT 3305						
(Principal office address MUST BE A STREET ADDRESS)	SYNNY ISLES BEACH, FL 33160						
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)	17885 COLLINS AVE, UNIT 3305						
	SYNNY ISLES BEACH, FL 33160						
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the new				
Name of New Registered Agent:	-						
New Registered Office Address:							
	En	iter Florida street ada	ress				
		, 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 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 **Title** <u>Name</u> <u>Address</u> Type of Action MARINA OLEYNIKOVA MGRM 17885 COLLINS AVE, UNIT 3103 ✓ Add SYNNY ISLES BEACH, FL 33160 Remove ☐ Add ☐ Remove Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARINA OLEYNIKOVA (MGRM) - owner of 1% of total company with out right of signature on official documentation in reference to buy/sell real estate and financial institutions. JULY 12 2012 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

IGOR TIMOFEEV

Typed or printed name of signee