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D. BRUCE MAR 23 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 56575 7144592

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: March 22, 2017

ORDER TIME : 2:01 PM

ORDER NO. : 565751-005

CUSTOMER NO: 7144592

## DOMESTIC AMENDMENT FILING

NAME: AZULAQUA, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER'S INITIALS:

SECRETARY OF STATE OR THE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZU	LAQUA, LLC
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L11000047624	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	1199 South Federal Highway #292
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432
Enter new mailing address, if applicable:	1199 South Federal Highway #292
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33432
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	
Nam Bagistavad Agantia Signatura if shanning Designation	Din E
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Michael A. Sufrin	Post Office Box 5484	
		Pittsburgh, PA 15206	Remove
			□ Change
MGR	Michael A. Sufrin	1199 South Federal Highway #292	Add
		Boca Raton, FL 33432	□ Remove
•			Change
		<u> </u>	□ Remove
			Change
			AHASSETARY
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ffective date is listed, the date mus	date of filing: t be specific and cannot be prior to do ock does not meet the applicable epartment of State's records.	te of filing or more than 90	(optional) days after filing.) Pursuar ements, this date will r	nt to 605.0207 (3) not be listed as
ecord specifies a delayer e 90th day after the rec	d effective date, but not a ord is filed.	n effective time, a	t 12:01 a.m. on th	ie earlier of
March 22	, 2017	- 0		,
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Filing Fee: \$25.00