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SLORETARY OF STATE

K. SALY EXAMINER SEP 18 2012

## **COVER LETTER**

Division of Corporations
SUBJECT: AQUA PARTNERS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANIEL HABERSTEW Name of Person
AQUA PARTWERS LLC Firm/Company
18205 BISCAGUE BLVD., S-2202
AVENTURA, PZ- 33160  City/State and Zip Code
E-mail address: (to be used for Nature-annual report notification)
For further information concerning this matter, please call:
DAVIEL HAUSERSTEW at (305) 933-1060  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

FILED.

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DECRETARY OF STATE

AQUA PI	ARINERS	レー	ALLAHASSEE, FLORIDA
(Name of the Limited (A	Liability Company as it n Florida Limited Liability C	ow appears on our rec company)	cords.)
The Articles of Organization for this Limited Lie Florida document number L12000 114		ed on 9/7/	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability con	pany here:	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liabil	lity Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Fatou non mailing address if amiliable.			·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	 BOX)		<del></del>
THE PARTY OF THE P			
B. If amending the registered agent and/or registered agent and/or the new registered off		ress on our records	s, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
<del>-</del>	Enter Florida street address		
		, Fl	orida
	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 Changing Registered Agent, Signature of New Registered Agent

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

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MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** ☐ Remove ☐ Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00