Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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SLLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AQUA-JET MIAMI LLC**

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Re:

Aqua-Jet Miami

Comments:

COVER LETTER

TO:

Registration Section Division of Corporations

AQUA-JET MIAMI 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:

Eric P. Gros-Dubois

Name of Person

EPGD Attorneys at Law, P.A.

2701 Ponce de Leon Blvd., Ste. 202

Coral Gables, FL 33134

City/State and Zip Code

eric@epgdlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric P. Gros-Dubois

Name of Person

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 enalosed)

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

2014 OCT -8 AM 8: 10

ARTICLES OF AMENDMENT SECRETARY OF STATE TO TALL APASSES, FLORIDA ARTICLES OF ORGANIZATION OF

AQUA-JET MIAMI LLC		
(Name of the Limited L. (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L13000014450</u>	ity Company were filed on 01/29/2013 and assigned	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	t	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	1	
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, <u>enter the name of the new</u> address here:	
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	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 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

MGR = Manager

AMBR = Authorized Member

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title <u>Name</u> <u>Address</u> Type of Action 1349 North Biscayne Point Rd. Nicolas Itkin MGR Miami, FL 33141 _____ □ Add _□ Remove __ 🗆 Add _____ Remove □ Remove □ Add _____ 🗆 Remove

D. If ar	ending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)
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	tive date, if other than the date of filing:	(optional)
	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 to this document is filed by the Florida Department of State)	days after
	October 8 2014	•
Date	000000 , 2014	
	Signature of a member or authorized representative of a member	
	Eric P. Gros-Dubois, Altorna	
	Typed or printed name of clause	

Page 3 of 3

Filing Fee: \$25.00

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