L13000029997

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

ASQ Aqualina, 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:

Robert W. Hudson

Name of Person

Hudson & Calleja, LLC

Firm/Company

3211 Ponce De Leon Blvd., # 102

Address

Coral Gables, FL 33134

City/State and Zip Code

rhudson@hudsoncalleja.com

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

For further information concerning this matter, please call:

Robert W. Hudson

,,305**,444-6628**

Name of Person

Area Code & Daytime 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)

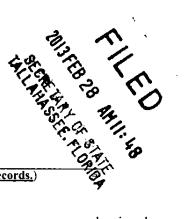
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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



ASQ Aqualina,LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 02/26/201	and assigned
Florida document number L13000029997		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
ASC Aqualina, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ed Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
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:		ords, enter the name of the new
New Registered Office Address:	Enter Flor	ida street address
		PL-2J-
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of my d provided for in Chapter (uties, and I am familiar with and 608, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name Address				
<u>Title</u>	<u>Name</u>	Address	Page of Action	
			Add	
			Remove	
			Add	
			Remove	
			 	
			Add	
			Remove	
			Add	
			Remove	
				
			Add	
			Remove	
			Add	
			Remove	

). If amending any other	information, enter change(s) here: (Attach additional sheets, if ne	ecessary.)
		,
		- Car 18 1
		500 1000
Dated February 27	2013	- FAR MI
	;///	
 ,	Signature of a member or authorized representative of a member	
Robert W	/. Hudson, Registered Agent and authorized reg	oresentative
- , <u>- </u>	Typed or printed name of signee	

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Filing Fee: \$25.00