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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I2000000083

Fhone : (305)932-6262 Fax Number : (305)933-9393

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGUAS CLARAS GROUP 1 LLC

Certificate of Status	0
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S. YOUNG

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

AGUAS CLARAS GROUP 1 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 J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street Suite 801

Address

Aventura, Florida 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Yolanda L. Fornaris

,,305,932**-**626

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

AGUAS CLARAS GROUP					
(Name of the Limite	d Liability Compa A Florida Limited)	ny as it now appears of Liability Company)	o our records.)	 -	
The Articles of Organization for this Limited Lie Florida document number <u>L13000041442</u>	ability Company	were filed on 03/1	9/2013 an	d assigned	ļ
This amendment is submitted to amend the follo	wing:	-			
A. If amending name, enter the new name of	the limited liab	ility company here:	1	*	2 %
The new name must be distinguishable and end with the v	vords "Limited Lisb	oility Company," the desi	ignation "LLC" or the abbreviat	ion B L.C.'	12.5
Enter new principal offices address, if applicable:		2875 NE 191	STREET SUITE 801		
(Principal office address MUST BE A STREET ADDRESS)		Aventura Flori	da 33180	3	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	2/AV	2875 NE 191 Aventura Flori	STREET SUITE 801	 6	
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered o		ur records, enter the pr	ame of th	 <u>16 леw</u>
Name of New Registered Agent:	Serber & A	ssociates, P.A.			
New Registered Office Address: 2875 NE 191 ST			ITE 801		
	Enter Florida street address				
	Aventura		, Florida 33180		
		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 dutles, 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

Page 1 of 3

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:

MGR = M AMBR = A	Ianager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ATLANTIS 5, LLC	3500 SOUTH DUPONT HWY	/
		DOVER, DE 19901	Remove
MGR	ATLANTIS 5, LLC	2875 NE 191 STREET SUITE 801	
		AVENTURA FL 33180	Broken A
			
			Add
			Remove
			🗖 Add
			Remove
			🗖 Add
	·		_□ Remove

D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		•
(The effective the date this o	ate, if other than the date of filing:	
Dated 9/3	30/2016	
-	Signature of a member or authorized representative of a member SERBER & ASSOCIATES, P.A	=======================================
_	Typed or printed name of signee	TO OCT -3
		# 9:

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Filing Fee: \$25.00