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15 MAY -4 M 8 29

M. MILLIGAN EXAMINER

MAY - 7 2015

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Agua Bau	LLC	
	+ Name of Lilm	ited/Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Hanry m	Orogan Name of Person	
~		0	
		Firm/Company	
	1856 n.r	NOBHII Rd H	449
	Plantation	Sn FL 33321 City/State and Zip Code	2
	COrporation E-mail address: (1	OS DUSINESS (to be used for future annual report notifi	agmail: Com
For further information co.	ncerning this matter, please ca	all:	_
Henry M Name of	YOrgan Person J	at 305) 417 - Area Code Daytime	2 280 Telephone Number
Enclosed is a check for the	e 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**

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ART	ICLES OF ORGANIZAT	ION 🤏 🌽 🔨
	OF	
^		
Agua	Bau LLC	on our records.
(Name of the Limit	ted Liability Company as it now appears (A Florida-Limited Liability Company)	on our records.)
	(A Florida-Elmited Liability Company)	11
The Articles of Organization for this Limited L	iability Company were filed on	7 19 2013 and assigned
Florida document number L 1300010		and assigned
Florida document number L 13000 100	<u> </u>	
This amendment is submitted to amend the following	owing:	
	-	
A. If amending name, enter the new name o	f the limited liability company her	₿:
The new name must be distinguishable and end with the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE		
17 Inciput office uturess WOST BE A STREE	1 ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
	· · · · · · · · · · · · · · · · · · ·	
		
B. If amending the registered agent and/	or registered office address on o	our records, enter the name of the new
registered agent and/or the new registered of	fice address here:	
Name of New Registered Agent:	Henry M	$\alpha a \alpha \wedge$
		11.00 1.11.11.10
New Registered Office Address:	1856 n. nebHi	11444
	Enter Florida	a street address
	Plantation	, Florida <u>333 22</u>
	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.

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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mgn	Steve Johnson	1856 n. nobtill Rd #449	Add
Ü		Plantation F 33322	Remove
mgn	Henry morgan	1856 M. nobothill Rd#44	Add Remove
			□ Add
	<u> </u>		□ Remove
			Add 89 2 Reffiove

ctive date, if other than the		(optional)
frective date must be specific, ca ate this document is filed by the	nnot be prior to date of receipt or filed date Florida Department of State)	and cannot be more than 90 days after
d 4-24		
	1/ //	
	11	

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Filing Fee: \$25.00

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