## <u>L1300123746</u>

| (Requestor's Name)<br>(Address)<br>(Address) | 100318668241                 |  |  |
|--|------------------------------|--|--|
| (City/State/Zip/Phone #)                     | 03/26/1801005011 **25.00     |  |  |
| Certified Copies Certificates of Status      | 9618 SEP 2                   |  |  |
| Office Use Only                              | N. CAUSSEAUX<br>OCT 1 - 2018 |  |  |

## **COVER LETTER**

| TO:   | Registration Section<br>Division of Corporations |
|-------|--|
| SUBJE | CT: AMPISENV. 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:

Scott Novell Name of Person GAISONU LLC Fum/Company 10355 Lake Sheen Reserve Blue ando FL 32836 City/State and Zip Code Scott Novella Mac. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Novell at (407) 463-9282 Area Code Davime 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 Tailahassee, FL 32301

| ARTICLES OF AMENDMENT<br>TO<br>ARTICLES OF ORGANIZATION<br>OF<br>Aqriserv, 44C<br>(Name of the Limited Liability Company as it now appears on our records.)<br>(A Florida Limited Liability Company)   |
|--|
| The Articles of Organization for this Limited Liability Company were filed on $\frac{9/3/2013}{9/3/2013}$ and assigned.<br>Florida document number $\frac{613000123746}{23}$   |
| This amendment is submitted to amend the following:<br>A. If amending name, enter the new name of the limited liability company here:<br>Eagle R. Las NUNSONY LLC $\frac{3}{2}$<br>The new name must be distinguishable and contain the Words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C" |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |
| Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>  |
| B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u><br>registered agent and/or the new registered office address here:   |
| Name of New Registered Agent:  |

New Registered Office Address:

Enter Florida street address

, Florida \_

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.

City

NA A A.A.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

.

-

| MGR = Manager<br>AMBR = Authorized Member |             |             |                |  |
|---|-------------|-------------|----------------|--|
| Title                                     | <u>Name</u> | Address     | Type of Action |  |
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|   |             |             | Change         |  |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated |  |
|-------|--|
|       | 1. Aochlovel   |
|       | Signature of a member or authorized representative of a member |
|       | Scott Novell / MCR   |
|       | Typed or printed name of signee                                |

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Filing Fee: \$25.00