## L14000054079

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#### **COVER LETTER**

TO: Registr

Registration Section
Division of Corporations

AquaBlue Ft. Lauderdale, 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:

## Dennis J. Eisinger

Name of Person

Eisinger, Brown, Lewis, Frankel & Chaiet, P.A.

Firm/Company

4000 Hollywood Blvd, Suite 265-S

Address

Hollywood, Florida 33021

City/State and Zip Code

deisinger@eisingerlaw.com

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

For further information concerning this matter, please call:

### **Dennis Eisinger**

<sub>31</sub>,954 \ 894-8000

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

AquaBlue Ft. Lauderdale, l	LLC		
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabili Florida document number L1400054079	ty Company were filed on 4/2/2014	and ass	igned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
AquaBlu Fort Lauderdale, LLC			
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or th	e abbreviation "I	L.C."
Enter new principal offices address, if applicables	:		<del></del>
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			<del> </del>
(Mailing address MAY BE A POST OFFICE BOX	0		
B. If amending the registered agent and/or r registered agent and/or the new registered office:	egistered office address on our records, <u>ente</u> address here:	er the name	of the new
		HAY HAY	in the second
Name of New Registered Agent:		<del>// 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1</del>	p
New Registered Office Address:		<u>सिंद्र अन्</u>	é mais an é
	Enter Florida street address	75 =	finessal.
<u> </u>	, Florida _	žΑ ω	الموجودة أ
	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

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Title <u>Name</u> Address Type of Action \_ Add ☐ Remove \_□ Add \_□ Remove \_□ Add \_\_\_\_ □ Remove □ Add ≅ Remove ☐ Add ☐ Remove

'If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

). If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
_	
_	
(The effec	ve date, if other than the date of filing:  tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated _	May 8 2014
	Le - J. Die
	Signature of a member or authorized representative of a member
	Dennis J. Eisinger
	Typed or printed name of signee

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Filing Fee: \$25.00

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