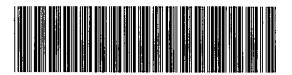
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COVER LETTER

TO: Registration Division of	Section Corporations		
Aqua	Green Savings LLC		
		Name of Limited Liab	ility Company
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fec(s)	are submitted for filing	<u>,</u>
Please return all corr	espondence concerning this	matter to the following	ŗ.
Michael F. Berti	ni		
	Name of Person		-
Aqua Green Sa	vings LLC		
	Firm/Company		-
20875 nw 4th s	t		
	Address		-
Pembroke Pine	s, Fl. 33029		
	City/State and Zip Code	,	-
michael.bertini@	@hotmail.com		
E-mail address	: (to be used for future annu	al report notification)	-
For further informati	on concerning this matter, p	olease call:	
Michael F. Bert	ini	954	5943977
Na	me of Person	Area Code	Daytime Telephone Number
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check	for the following amount:		
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (2/14)			

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: Aqua Green Savings LLC FIRST: The Florida Document number of the limited liability company is: L14000102410 **SECOND:** THIRD: Document to be corrected is: effective date and title (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: effecitive date: 06/26/14 title: MGR <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 06/27/14

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

Date

Signature of Authorized Representative