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K. SALY
EXAMINER
DEC 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AquaAid, 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:

Patrick M. Burns, CPA

Name of Person

Patrick M. Burns, CPA, PA

Firm/Company

1918 Hillcrest Street

Address

Orlando, FL 32803

City/State and Zip Code

patrick@pmbcpa.com

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

For further information concerning this matter, please call:

Patrick M Burns, CPA

407 228-4443
at ()

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

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AQUAID FRANCHISING, LTD	51 NEWNHAM ROAD	☐ Add
		CAMBRIDGE, UK CB24-3AF	☒ Remove
		UNITED KINGDOM	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

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COUNTY OF ALABAMA
PROCLAMATION

2015 DEC 14
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ATTORNEY GENERAL
ALLIANCE

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Dated December 8, 2015

Signature of a member or authorized representative of a member

Patrick M. Burns, CPA

Typed or printed name of signee