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		,
(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	•
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL .
(Bi	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
56.7	Office Use On	ilv



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SEGRETARY OF STATE
TALLAHASSET FOR STATE

J. Shirers OCT 2 & 2014

COVER LETTER

TO: Registration Section Division of Corporation			b
SUBJECT: AQ	Name of Limite	AWETICA d Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	MICHA	El HayaB, L Name of Person	<u> </u>
	AQUAR	12 America	
	7508	Sw STH STR	EST
	CAPE	Address Corat, Fo	2. 33991
-	Mot E-mail address: (to	City/State and Zip Code 7 V & LS & AoC (be used for future annual report notificat	Com tion)
For further information conc	erning this matter, please cal	1:	
MICHAEL	Marson Le	at (239) 699.	5426
Name of Pe	rson	Area Code Daytime To	elephone Number
Enclosed is a check for the f	ollowing 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

HOUA D	ore Hausica LL	C
(Name of the Limited L	iability Company as it now appears on our records.) Plorida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number	— (— · · ·	∠ and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2.X)	
B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	registered office address on our records, <u>ente</u> e address here:	r the name of the new
New Registered Office Address:		SSS O F
<u>New Neglisterea Office Address.</u>	Enter Florida street address Florida	S Z Z
	City	Zip Cede
		J.*

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

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 = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FELIX AMABILES	JR. 16146 MOUNT ABOY	NAY Add
		#201	Remove
ı		FORT MYEIS FL, 3390 16073 VIA Solera Circ	28_
MGR	JEANWINE CAMPOS	16073 VIA Solera Circ	\ <u>L </u>
			Remove
		Fort Myrs, FL. 33	<u>898</u>
			Remove
			
			Add
			Remove
			OCT 2
			SRY O Add
			CO Remove
			Samuel Control
			□ Add
			🗆 Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· ·
(The ef	etive date, if other than the date of filing:
Date	
	Signature of a member or authorized representative of a member
	MICHAEL AMBILE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
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