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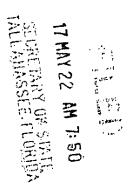
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COVER LETTER

	istration Se ision of Corp						
CUDIECT.	AQUALIF	FE CRYSTAL RIVER, LLC					
SUBJECT		Name of Li	mited Liability Company				
The enclosed	Articles of A	Amendment and fee(s) are su	bmitted for filing.				
Please return	all correspor	ndence concerning this matte	r to the following:				
		CHARLES S. HUFFMA	N				
			Name of Person				
	AQUALIFE CRYSTAL RIVER, LLC						
			Firm/Company				
		3956 N. CALUSA POINT	r				
			Address				
CRYSTAL RIVER, FL 34428							
			City/State and Zip Code				
SHUFFMAN3239@HOTMAIL.COM							
			to be used for future annual report no	tification)			
For further info	ormation cor	ncerning this matter, please c	all:				
CHARLES S.	HUFFMAN	Ī	727 853-4349				
	Name of F	Person	at () Area Code Daytii	me Telephone Number			
Enclosed is a c	heck for the	following amount:					
■ \$25.00 Fili	ng 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

AQUALIFE CRYSTAL RIVER, LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000002828	were filed on 01/06/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the ne
Name of New Registered Agent:		55 7
New Registered Office Address:		
	Enter Florida street address , Florida	22 4
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	2
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further a	ree to comply with the

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

Tramen'ding 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>	Address	Type of Action
AMBR	CALEB HUFFMAN	3956 N. CALUSA POINT	= Add
		CRYSTAL RIVER, FL 34428	□ Remove
			Change
			Add
			□ Remove
			☐ Change
<u></u>			□ Add
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	(ontional)	
Effective date, if other than the date of filing:	(ODUOHAI)::*	
If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable state.	atutory filing requirements, this date will not be	listed as the
document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an earth and the south day after the record is filed.	effective time, at 12:01 a.m. on the e	arlier of:
(5-12-17		
Dated		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00