

| (F | Requestor's Name) |
|----------------------|-------------------------|
| (/ | Address) |
| (/ | Address) |
| (1) | City/State/Zip/Phone #) |
| PICK-UP | ☐ WAIT ☐ MAIL |
| (1) | Business Entity Name) |
| (1) | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

| Division of C | orporations | | |
|--------------------------|---|---|--|
| Aqua Bla | | | |
| SUBJECT: | | ited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Tiffany McHugh | | |
| | | Name of Person | ···· |
| | Aqua Blast, LLC | | |
| | | Firm/Company | |
| | 7662 37th Street Cir E | | 三流 动 |
| | | Address | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Sarasota, FL 34243 | | ation) |
| | | City/State and Zip Code | |
| | baby.girl843@yahoo.com | | The way |
| | | to be used for future annual report notific | ation) |
| For further information | n concerning this matter, please c | all: | |
| Tiffany McHugh | | 941 320-8903 at () | |
| Nam | e of Person | Area Code Daytime | Celephone Number |
| Enclosed is a check fo | r 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) |
| Regi | ILING ADDRESS: istration Section sion of Corporations | STREET/COURIE Registration Section Division of Corporat | |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Aqua Blast, LLC | | | |
|--|--|---|---|
| (Name of the Lim | ited Liability Compa (A Florida Limited l | ny as it now appears on our records.) Liability Company) | |
| | iability Company | were filed on January 15, 2015 | and assigned |
| Florida document number L15000008680 | · | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | |
| Same Name - Aqua Blast, LLC | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: | 5620 Rick Drive | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Zephyrhills, FL 33541 | <u>,, , , , , , , , , , , , , , , , , , ,</u> |
| | | | |
| | | ŧ | -1/2 ch |
| Enter new mailing address, if applicable: | for this Limited Liability Company were filed on January 15, 2015 and assigned 5000008680 to amend the following: the new name of the limited liability company here: st. LLC lible and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." address, if applicable: IST BE A STREET ADDRESS) if applicable: POST OFFICE BOX) tered agent and/or registered office address on our records, enter the name of the new new registered office address here: Stered Agent: Luis E. Rodriguez Sephyrhills Enter Florida street address Zephyrhills Florida 33541 | | |
| (Mailing address MAY BE A POST OFFICE | S BOX) | | <u> </u> |
| | | | |
| | | | |
| | | | |
| registered agent and/or the new registered to | Milee address her | <u>-</u> . | Fm 4 |
| Name of New Registered Agent: | Luis E. Rodrig | uez | |
| New Registered Office Address: | 5620 Rick Driv | /e | |
| - | | Enter Florida street address | |
| | Zephyrhills | , Florid | a <u>33541</u> |
| | | 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

• 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> | Type of Action |
|--------------|-------------------|------------------------|----------------|
| MGR | Tiffany McHugh | 7662 37th Street Cir E | ☐ Add |
| | | Sarasota, FL 34243 | ■ Remove |
| | | | Change |
| MGR | Luis E. Rodriguez | 5620 Rick Drive | □ Add |
| | | Zephyrhills, FL 33541 | □ Remove |
| | | | |
| | | | Add Add |
| | | | Permoye F |
| | | | Change |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
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| | | | □ Remove |
| | | | ☐ Change |

| | | nange(s) here: | | , , , , , , , , , , , , , , , , , , , | | | |
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| Effective date, if other If an effective date is listed, to Note: If the date inserted document's effective date. | he date must be specific and I in this block does not n | l cannot be prior to oneet the applicable | date of filing or more tha | an 90 days after fil | ling.) Pursua | ant to 6 ot be li | 05.020° sted as |
| ne record specifies a The 90th day after | | | n effective time, | at 12:01 a.r | n. on th | e ear | lier o |
| Dated | July 31 | , 2015 | | | | | |
| | Signature of a | member or authoriz | ed pepresentative of a n | nember | | | |
| | 5 | Tiffany McI | | | | | |
| | | | | | | | |

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Filing Fee: \$25.00