L150000 49645

equestor's Name)	
ldress)	
ldress)	
ty/State/Zip/Phone	e #)
☐ WAIT	MAIL
isiness Entity Nar	ne)
ocument Number)	
_ Certificates	s of Status
Filing Officer:	
	:
	Idress) Idress) Idress) Idress) WAIT Isiness Entity Nar Cument Number) Certificates

Office Use Only



900279514009

11/30/15--01022--004 **25.00

15 NOV 30 AM 8: 57
SECRETARY OF STAIL
TABLAHASSEE, FLORID,

DEC 01 2015 J SHIVERS

COVER LETTER

TO:	Registration Sec Division of Corp		is of	•
SUBJI	AQUA 133,			
SUBJI	c:		ited Liability Company	
		Amendment and fee(s) are sub	-	
Please	return all correspor	ndence concerning this matter	to the following:	
		Marc-Andre Roy		
			Name of Person	
			Firm/Company	
		1800 E Las Olas Blvd.		
			Address	
		Fort Lauderdale, FL 33301		
			City/State and Zip Code	
		mroy@oceanland.com	to be used for future annual report notific	ection
For fur	ther information co	oncerning this matter, please co	•	zanony
Marc-A	Andre Roy		561 289-2972 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2.	5.00 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

AQUA 155, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000049695	y were filed on <u>3/19/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
AquaVue Las Olas, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "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 or registered agent and/or the new registered office address here.		er the name of the no
Name of New Registered Agent:		15 NOV
New Registered Office Address:	Enter Florida street address	30 AH SSSEE
	, Florida _	Zin CANE
New Registered Agent's Signature, if changing Registered Agent		D.A.
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	e performance of my duties, and I an provided for in Chapter 605, F.S. C	n familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

•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
$\overline{}$	 		
		<u> </u>	□ Remove
			☐ Change
			□ Add
			Remove
			□ Change
-			Add
			Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

\	,		and the second s	The State of the second second	Annual designation of the state
		·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
			· · · · · · · · · · · · · · · · · · ·	· ···· ·· ·· · · · · · · · · · · · · ·	
					
		\			
					
					T
					5
 					<u> </u>
					3 ≥ 3 = 10 × 10 × 10 × 10 × 10 × 10 × 10 × 10
					[S & F
					Z A U
					DA DA
	er than the date of fi			(optio	
	, the date must be specific ed in this block does n				
	ate on the Department		and manager	quirements, tins	aute will not be listed
ecord specifies	a delayed effectiv	e date, but no	t an effective tim	e, at 12:01 a.	m. on the earlier
	er the record is file			•	
ed November	25 Mushe		<u></u> .		
	11 1.	. /			
	Musil				
	Signature (at a member or autho	orized representative of	member	

Page 3 of 3

Filing Fee: \$25.00