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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies                        |
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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Tallahassee, FL 32314

|                              | Investments LLC                              |   |  |
|------------------------------|--|---|--|
| SUBJECT:                     | Name of Lim                                  | ited Liability Company  | <del></del>  |
| The enclosed Articles of     | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo   | ondence concerning this matter               | to the following:   |  |
|                              | Robert Kurnikl                               |   |  |
|                              | · · · · · · · · · · · · · · · · · · ·        | Name of Person  |  |
|                              | Aqua Vista Investments Li                    | .c  |  |
|                              |  | Firm/Company  |  |
|                              | 4778 Orchard Lane                            |   | 20<br>3.   |
|                              |  | Address   |  |
|                              | Delray Beach , FL 33445                      |   | 11148 29<br>*LL:37   |
|                              |  | City/State and Zip Code   | Ċ  |
|                              | yachtwahoo@yahoo.com                         |   | And the second s |
|                              | E-mail address: (                            | to be used for future annual report noti                            | fication) CO   |
| For further information c    | oncerning this matter, please ca             | all:  | pi 🖶   |
| Robert Kurnik                |  | 561 703 5901  |  |
| Name o                       | of Person                                    | Area Code Daytim  | e Telephone Number   |
| Enclosed is a check for the  | he 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              |  | Street Address:   | ation  |
| Registration : Division of C |  | Registration Se<br>Division of Cor                                  |  |
| P.O. Box 632                 | <del>-</del>                                 | The Centre of T   | -  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited I  | STA LINV<br>Liability Compa<br>Florida Limited | NST MUITS, L.C.<br>ny as it now appears on our<br>Liability Company) | records.)            |  |          |
|---|--|--|----------------------|--|----------|
| The Articles of Organization for this Limited Liabi   | lity Company                                   | were filed on  |                      | and assig                                    | gned     |
| lorida document number 1.15000098345  | ·•   |  |                      |  |          |
| his amendment is submitted to amend the followi   | ng:  |  |                      |  |          |
| a. If amending name, enter the new name of th   | e limited liab                                 | ility company here:  |                      |  |          |
|   |  |  |                      |  |          |
| he new name must be distinguishable and contain the word  | s "Limited Liabi                               |  | n "LLC" or the abb   | reviation "L.1.                              | .C."     |
| nter new principal offices address, if applicabl  | e:   | 4778 Orchard Lane  |                      | · 12   |          |
| Principal office address MUST BE A STREET A   | ADDRESS)                                       | Delray Beach , FL 3344   | 15                   | J23  |          |
|   |  |  |                      | 55   |          |
|   |  |  | 10                   | 29   | i        |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)              |  | 4778 Orchard Lane  | E P                  | <u> </u>                                     | <u> </u> |
|   |  | Delray Beach , FL 3344   | 15 El                | <u>,                                    </u> | ţ        |
|   |  |  |                      |  |          |
| . If amending the registered agent and/or regi<br>gent and/or the new registered office address h |  | address on our records,  | enter the name       | of the new                                   | regis    |
| Name of New Registered Agent:   |  |  |                      |  | <u>-</u> |
| New Registered Office Address:  | 4778 Orchard I                                 | ane  |                      |  |          |
|   |  | Enter Florida street   | t address            |  |          |
|   | Delray Beach .                                 | FL   | , Florida <u>334</u> | 45   |          |
| ·   |  | 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 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   |
|--------------|--------------------|------------------------|--|
| AMBR         | Ann Woolard        | 2974 NEEDHAM CT        |  |
|              |                    | DELRAY BEACH, FL 33445 | ■Remove  |
|              |                    |                        | □Change  |
| AMBR         | Juston Dias-Kurnik | 4778 Orchard Laine     | ■Add   |
|              |                    | DELRAY BEACH, FL 33445 | Remove 2023  |
|              |                    |                        | DAdd Later Street Grant Control of the Control of t |
|              |                    |                        | Change   |
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| fective date, if other than the date of filing:   | (optional)   |                  |
| on effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state. | of filing or more than 90 days after filing.) Pursuant to 60 tutory filing requirements, this date will not be list  | )5.020<br>sted a |
| cument's effective date on the Department of State's records.   | and the state of t |                  |
|   |  |                  |
| ecord specifies a delayed effective date, but not an effective time, at 1   | 2:01 a.m. on the earlier of: (b) The 90th day after  | er the           |
| is filed  |  |                  |
| is filed.   |  |                  |
| is filed.   |  |                  |
| is filed. $\frac{3}{22} = \frac{2023}{2023}$  |  |                  |
| is filed.   |  |                  |