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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ви	ısiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
CUPIECE	EQUA SEA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	PABLO A MOREIRA-CE	EDILLO	
		Name of Person	
	EQUA SEA LLC	•	
		Firm/Company	
	409 M IS JWU 1792		
		Address	
	LONGWOOD FLORIDA	32750	
		City/State and Zip Code	
	RAPIDTAXFL@OUTLOC	OK.COM to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	•	
MARTHA CHAVES		407 4154465	
	f Person	at ()	e Telephone Number
Enclosed is a check for the	ne 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)
Registr — Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQUA SEA LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number	Liability Company	were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liah	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	600 N US HWY 1792	
(Principal office address MUST BE A STRE		STE 162	
		LONGWOOD FLORIDA 32750	
Enter new mailing address, if applicable:		600 N US HWY 1792	<u> </u>
(Mailing address MAY BE A POST OFFICE	E BOX)	STE 162	CC
		LONGWOOD FLORIDA 32750	AHASSI
			111-
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on our records, <u>ent</u> <u>e</u> :	
Name of New Registered Agent:	DENNIS RON	IQUILLO): 59
New Registered Office Address:	600 N US HW	/Y 1792 STE 162	
	<u></u>	Enter Florida street address	
	LONGWOOD	. Florida	32750
		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 805, 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>	Address	Type of Action
MGR	PABLO A MOREIRA-CEDILLO	5552 GARDEN GROVE CIR	□ Add
		WINTER PARK FL 32792	■ Remove
			Change
MGR	DENNIS RONQUILLO	600 N US HWY 1792 STE 162	≅ Add
		LONGWOOD FL 32750	□ Remove
			Change
			🗖 Add
			A E Remove
			ARY OF STATE RAPPOVE
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

<u>≥</u> v. –
SET ANY
ع ت ند ^{ات}
S 14:15 C RHD
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Page 3 of 3

Filing Fee: \$25.00