## L16000007746

(Req	uestor's Name)	)	•
(Add	ress)	·	-
bbA)	ress)	· <u>···</u> -	•
(City	/State/Zip/Phor	ne #)	•
PICK-UP	☐ WAIT	MAIL	
(Busi	iness Entity Na	me)	•
(Doc	ument Number	)	•
Certified Copies	Certificate	s of Status	
Special Instructions to F	iling Officer:		

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## **COVER LETTER**

Division of Cor	porations		
The Aqua (	Coast, LLC		
SUBJECT:Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		•	
Please return all correspo	ondence concerning this matter	to the following:	
	Deana Mary Grau		
		Name of Person	
		Firm/Company	
		,,,,,,	
	504 Parish Blvd		
		Address	
	Mary Esther, FL 32569		
		City/State and Zip Code	
	deana.grau@gmail.com	to be used for future annual report notifi	cation
For further information c	oncerning this matter, please e		carony
Deana Grau		850 830-2888	
Name o	d Person	at () Area Code Daytime	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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	dia
Registration 5		Registration Section of Corn	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

**Registration Section** 

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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The Aqua Coast, LLC	
( <u>Name of the Limited Liability Compa</u> (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 116000007746	were filed on 1/11/2016 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:
Deana Mary Grau, LLC	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	504 Parish Blvd
Principal office address MUST BE A STREET ADDRESS)	Mary Esther, FL 32569
Enter new mailing address, if applicable:	same
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new regist
Name of 1864 registered rigen.	
New Registered Office Address:	Enter Florida street address
	Florida
<del></del>	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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

· ·	other information, enter change(s) here: (Attach additional sheets, if necessary.)  2020 High 18 Phile: 42
	<del></del>
an effective date is <b>lote:</b> If the date i	other than the date of filing:
record specifies a Lis filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	5/13 2020 Dear nogh
	Dearnanton
	Signature of a member or authorized representative of a member
Dagne !	Mary Grau
	Typed or printed name of signer

Filing Fee: \$25.00