LIUDUOOSISS

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COVER LETTER

TO:		stration Sect sion of Corpo					
CIID IE		AQUATIC IN	NVESTMENTS LLC				
SUBJE	CI:		Name of Limi	ited Liability Company			
The enc	losed	Articles of Ar	mendment and fee(s) are subr	nitted for filing.			
Please r	eturn :	all correspond	lence concerning this matter t	to the following:			
			JAMES VAUGHT				
				Name of Person			
			AQUATIC INVESTMENT	TS LLC			
				Firm/Company			
			7833 MCELVEY RD				
-				Address			
			PANAMA CITY BEACH,	FL 32408			
				City/State and Zip Code			
			mrbeach3@knology.net				
For furt	her int	formation con	E-mail address: (to cerning this matter, please ca	o be used for future annual report notifiall:	cation) TALLAH	2016 MAR	Π
JAMES	S C. T.	AYLOR, CPA	L	850 236-8677 at ()	NSS N	, , , , , , , , , , , , , , , , , , , 	
Enclose	d is a	Name of P	erson following amount:		Telephone Numbern	A #: 5	
		ling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Fee, f Status &	•

MAILING ADDRESS:

TO:

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

AQUATIC INVESTMENTS LLC				
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on containing the containing the company)	ur records.)	
The Articles of Organization for this Limited L Florida document number L16000008188	iability Company	were filed on 01/12-20	016	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company here:		
N/A				
The new name must be distinguishable and contain the v	vords "Limited Liabili	ity Company," the designa	tion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the	ne name of the new
Name of New Registered Agent: JAMES VAUGHT		D ₁₀ Na		
New Registered Office Address:	7833 MCELVE	Y RD Enter Florida str	2016 N SECRE	
	PANAMA CIT	у веасн	reel address in 5 3240	08
New Registered Agent's Signature, if changing l	Registered Agent:	City		Zip Figar

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 aft 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 Degistered 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
AMBR,M	JEFF JONES	7833 MCELVEY RD	Add
		PANAMA CITY BEACH, FL	■ Remove
		32408	Change
AMBR, N	SHIRLEY JONES	7833 MCELVEY RD	Add
		PANAMA CITY BEACH, FL	□ Remove
		32408	
			□ Change
			□ Add
			Remove
			Change
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		ALLA MULA	25 O Abb
		ASSET O	
		OF STATE	D Change
		교교 >	□ Add
			□ Remove
			Change

James Vaught hereby replaces Jeff Jones a	s President and Managing Member.	
Shirley Jones is hereby added as Member a	nd VP.	
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		- -
tive date, if other than the date of filin	(ontional)	
ffective date is listed, the date must be specific and	g:(optional) I cannot be prior to date of filing or more than 90 days after filing.) Pursuan neet the applicable statutory filing requirements, this date will not	t to 60
ment's effective date on the Department of S	state's records.	~
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	ri- E	7
Feb 9	, <u>2616</u> . FLORI	C : A
$\langle \langle V \rangle \rangle$	22	ຼິບ

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Typed or printed name of signee

Filing Fee: \$25.00