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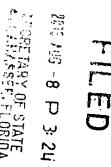
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

Div	vision of Corp	ocrations			
SUBJECT:		ers Property Solutions, LLC			
Name of Limited Liability Company					
The enclose	d Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return	n all correspor	ndence concerning this matter t	to the following:		
		William Sallay			
			Name of Person	······································	
		Aqua Brothers Property So	lutions, LLC		
			Firm/Company		
		3902 SE 2nd Ave			
			Address		
		Cape Coral, FL 33904			
			City/State and Zip Code		
		willsallayjr@yahoo.com			
		E-mail address: (t	o be used for future annual report	notification)	
For further	information co	ncerning this matter, please ca	dl:		
William Sa	llay		860 514-237 at ()	1	
	Name of	Person		ytime Telephone Number	
Enclosed is	a check for the	e 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)	

Registration Section

TO:

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 Brothers Property Solutions,	, LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited I	Liability Company were filed on	January 26, 2016	_ and assigned
lorida document number L16000017659			
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company	here:	
<u> </u>		**************************************	28182
he new name must be distinguishable and contain the	words "Limited Liability Company," th		viation "L.L.C."
Enter new principal offices address, if appli	cable:	SAR GAR	CO E
Principal office address MUST BE A STRE	ET ADDRESS)	E G	70 171
			w O
		ORIOA:	24
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
			
3. If amending the registered agent and	l/or registered office address	on our records, enter th	e name of the
egistered agent and/or the new registered (office address here:		
Name of New Registered Agent:	Richard Hendrix Jr	·····	
New Registered Office Address:	1346 Claret Ct.		
	Enter I	Florida street address	
•	Fort Myers	, Florida 33919	•
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William DeBella	1346 Claret Ct.	a Add
		Ft. Myers, FL 33919	□ Remove
			□ Change
MGR	William Sallay Jr	3902 SE 2nd Ave.	□ Add
		Cape Coral, FL 33904	≡ Remove
			Change
			□ Add
			Remove
			☐ Change
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			☐ Remove

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ective da	ate, if other tha	ın the date of fil	August 27, 20	16	(ор	tional	l)	
effective	date is listed, the date in serted in	ate must be specific this block does no	and cannot be prior to ot meet the applicab	date of filing or more le statutory filing re	than 90 days af equirements, t	ter filin his dat	g.) Purs e will r	uant to 605.020 not be listed a
ument's	effective date on	the Department of	of State's records.		-1 , -	,		
			e date, but not a	an effective tim	e, at 12:01	a.m		he earlier (
ne 90tl	n day after the	e record is file	ed.			* 1,	25.53	
July	22		2016		"	rid rid		
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		> Signature of	f a member or authori:	zed representative of	a member	STATE	3: 24	0

Page 3 of 3

Filing Fee: \$25.00