

LN000047663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800293056978

12/09/16--01018--002 **30.00

FILED

16 DEC -9 AM 9:49

900 JUD OF STATE
TALLAHASSEE FLORIDA

T WASHINGTON

DEC 14 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AQUASEEKERS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIC J. GOLDMAN, ESQ

Name of Person

ERIC J. GOLDMAN, P.A.

Firm/Company

315 SE 7th STREET - SUITE 301

Address

FT LAUDERDALE, FL 33301

City/State and Zip Code

ERIC@ERICJGOLDMANLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC J GOLDMAN, ESQ

Name of Person

at (954)

Area Code

523-9500

Daytime Telephone Number

Enclosed is a check for the 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:

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**

AQUASEEKERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/08/2016 and assigned
Florida document number L16000047663

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4350 OAKES ROAD - #500

DAVIE, FL 33314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4350 OAKES ROAD - #500

DAVIE, FL 33314

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LON J ROSEN

New Registered Office Address:

4350 OAKES ROAD - #500

Enter Florida street address

DAVIE

Florida

33314

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE A SOSA	771 SW 148 AVE #1309	<input type="checkbox"/> Add
		SUNRISE, FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LON J ROSEN	4350 OAKES RD #500	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
16 DEC -9 AM 9:49
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 DEC -9 AM 9:49
DEPT. OF STATE
WASHINGTON, FLORIDA

丁巳仲夏

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated : **DECEMBER 02 2016**

Signature of a member or authorized representative of a member

LON J ROSEN

Typed or printed name of signee