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## **COVER LETTER**

TO: Registration Sec Division of Corp			
Aqua Blue F	Ioldings, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter (	to the following:	
	Christina Horton		
	•	Name of Person	
	Wyoming Corporate Service	ces, Inc.	
		Firm/Company	****
	1712 Pioneer Ave. Suite 70	000	
		Address	
	Cheyenne, WY 82001		
		City/State and Zip Code	
	E-mail address: (I	to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
Christina Horton		800 990-0433	
Name of	Person	Area Code Daytime	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)

#### 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**

(Name of the Limited Liability Compa (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	were filed on 7/13/2016 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:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1712 Pioneer Ave.			
Principal office address MUST BE A STREET ADDRESS)	Suite 206			
	Cheyenne, WY 82001			
Enter new mailing address, if applicable:	1712 Pioneer Ave.			
,	Suite 206			
	Cheyenne, WY 82001			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Suite 206 Cheyenne, WY 82001  Tice address on our records, enter the name of			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida #			
	City , Florida Zin Code			

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>	Type of Action
MGR	Graham Norris	1712 Pioneer Ave. Suite 206	■ Add
		Cheyenne, WY 82001	□ Remove
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