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## **COVER LETTER**

IO: Registration Division of	Corporations
AGUA SUBJECT:	PROPERTIES, LLC
	Name of Limited Liability Company
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	BARBARA RUIZ-GONZALEZ
	Name of Person
	RUIZ-GONZALEZ LAW PLLC
	Firm/Company
	PO BOX 833059
	Address
	MIAMI, FL 33283
	City/State and Zip Code
•	barbara@ruizgonzalezlaw.com
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
BARBARA RUIZ-G	at ()
Nar	me of Person Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
\$25.00 Filing Fee	E □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

AGUA PROPERTIES, LLC		
( <u>Name of the Lim</u>	ited Liability Company as it now apport (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited 1	Liability Company were filed on	SEPTEMBER 20, 2016 and assigned
Florida document number L16000175191	·	
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," the	•
Enter new principal offices address, if appli	cable:	20 00
Principal office address MUST BE A STRE	ET ADDRESS)	25 R
Enter new mailing address, if applicable:		SI S
Mailing address MAY BE A POST OFFICI	<u> </u>	RIDA RIDA
3. If amending the registered agent and egistered agent and/or the new registered of		on our records, enter the name of the
Name of New Registered Agent:	JORGE POLEO	
New Registered Office Address:	2061 NW 112 AVE, #143	
		lorida street address
	MIAMI	, Florida 33172
	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>	Type of Action
D/VP	GUSTAVO BOISSIERE	2061 NW 112 AVE, #143	□ Add
		MIAMI, FL 33172	■ Remove
			Change
D/S	RAFAEL TUDARES BRACHO	2061 NW 112 AVE, #143	□ Add
		MIAMI, FL 33172	Remove
			Change
D/T	JORGE L. POLEO	2061 NW 112 AVE, #143	
		MIAMI, FL 33172	Remove
			Change
MGR	RICARDO MATA	2061 NW 112 AVE, #143	Add
		MIAMI, FL 33172	□ Remove
			☐ Change
MGR	DILSA GARCIA ORTIZ	2061 NW 112 AVE, #143	
		MIAMI, FL 33172	Remove
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tive date, if other t	than the date of the date must be specified.	f filing:	e of filing or more than 90	( <b>optional</b> ) days after filing.) Pu	ursuant to 605.02
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Filing Fee: \$25.00

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