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Special Instructions to	Filing Officer:	
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D. SCOTT MAY 3 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: True Blue Aqua 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:
Megan Sorby Name of Person
Name of Person
Firm/Company
3000 Williamsburg Street
Sarasota, FL 34231 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Megan Sorby at (502) 387-8673 Name of Person Area Code Daytime Telephone Number = 50
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Enclosed is a check for the following amount: \$25.00 Filing Fee

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

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		was it now appears on our records.)	
The Articles of Organization for this Limited Liabs Florida document number	ility Company v		2016 and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liabil	ity company here:	
The new name must be distinguishable and contain the word	s "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		3000 Williamsh	ourg Street
Trucipal Office address MOST BE A STREET	IDDRESS)		0 1231
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	3000 Williams Savasota, FL	burg Street 342341
B. If amending the registered agent and/or registered agent and/or the new registered office	_	· —	r the name of the new
Name of New Registered Agent:			1.00 P
New Registered Office Address:	3000	Williamsburg Enter Florida street address	Street 5
-	Saras	City, Florida_	34231 Zip Code
New Registered Agent's Signature, if changing Reg	istered 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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iffective date, if other an effective date is listed, Note: If the date inserte locument's effective date	d in this block does no	ot meet the applica	o date of filing or more the ble statutory filing req	nan 90 days after filing.) Pursuant to 605.0207 (3)(bwill not be listed as the
	a delayed effectiv	e date, but not	an effective time	, at 12:01 a.m.	on the earlier of:
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Page 3 of 3

Filing Fee: \$25.00