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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number: 075350000514 Phone : (727)442-1200

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AQUALEA UNIT 302, L.L.C.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AQUALEA UNIT 302, L.L.C.		
(Name of the Limited Liability Con (A Florida Limit	nuany as it now supears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 1/4/2017	and assigned
Florida document number L17000003152		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited in	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST RE A STREET ADDRESS)	1	
		古 浅
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter rioriga street address	
	, Florid	7 in 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

Title	Name	Address	Type of Action
MGR	SWAROOP RAI	700 S HARBOUR ISLAND BLVE	
		UNIT 629	Remove
		TAMPA, FL 33602	☐ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			□ Change
			Remove-
			D Change
			□ Add to 🚉
			□ Remove
			Change

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JANUARY 10	201	7 .	;		
ecord specifies a delayed ene 90th day after the recor	effective date, i d is filed.	but not an effe	ctive time, at	12:01 a.m. on	the earlier of
If the date inserted in this bloc iment's effective date on the Dep	k does not meet the	e applicable statut	ory filing requirer	nents, this date wil	ll not be listed as
ctive date, if other than the de effective date is listed, the date must b	ite of filing:	h 40 6010 0 CE	Line on more than Of	(optional)	
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