

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000120052 3)))



H170001200523ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

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

Account Number: 075350000514

Phone : (727)442-1200 Fax Number : (727)443-5829

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

Email Address	·
---------------	---

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

IN HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AQUALEA UNIT 302, L.L.C.			
(Name of the Limited (A	Liability Comoan Florida Limited Li	y as it now appears on our ability Company)	rceurda.)
The Articles of Organization for this Limited Liab Florida document number L17000003152	ollity Company v	were filed on 1/4/2017	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liabil	ity company here:	
The new name must be distinguishable and contain the work	ds (Limited Liabilit	y Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST RE A STREET	ADDRESS)		<b></b>
	1		
	•		
Enter new mailing address, if applicable:	t		275
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		<u> </u>
	:		
	:		<b>a</b>
			ecords, enter the name of the nev
registered agent and/or the new registered office	ce address nere		•
Nome of Nam Designand Agents	•	STAGE.	
Name of New Registered Agent:	:		
New Registered Office Address:		Futor Florida como	I melden op
		Ditter Tibrata tiree	. www.ess
	<del></del>	Ciru	, Florida
Nam Dagletanal Amently Comparent If shanging Da	aletawad Aganti	City	24 25.00
	1		T.C. of a second control of the
provisions of all statutes relative to the proper accept the obligations of my position as registe	and complete pered agent as pered agent as pered agent as pered office of	performance of my dut rovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
•	ew mailing address, if applicable:  I address MAY BE A POST OFFICE BOX)  Immending the registered agent and/or registered office address on our records, enter the name of the new ed agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Enter Florida invest address		

Page 1 of 3

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	<u>Name</u>	4	Address	Type of Action
MGR	SUREKHA H. RAI		700 S HARBOUR ISLAND BLVE	
			UNIT 629	■ Remove
			TAMPA, FL 33602	☐ Change
				☐ Add
				□ Remove
		-		☐ Change
		· · · -	<u> </u>	
		: -		□ Remove
		: ; ;		☐ Change
		· ·		DbA □
		•		Remove
	·			☐ Change
		<del></del>		DbA □
				Change
		:	ij:	
				<b></b>
				© 000 000 000 000 000 000 000 000 000 0
				Change

If amending any other inform	nation, enter change(s) her	e: (Attach additional sh	eets, if necessary.)		
	:				
	1			<del></del>	
-		<u>V</u>		·	
	<u> </u>				
	;				
				<del></del>	
		· · · · · · · · · · · · · · · · · · ·			
			6- A1 B		
Effective date, if other than of the effective date is listed, the date in Note: If the date inserted in this document's effective date on the second specifies a delay. The 90th day after the r	block does not meet the applic Department of State's records yed effective date, but no	able statutory filing requir	rements, this date will no	ot be listed	l as ti
Dated May 2	2017				
	MILA	_		<del></del> ;	
	Signburg of a nember or auth	orized representative of a me	mber	7 MAY	: :
ALAN S. GASSMA	N, AS AUTHORIZED REPRE	SENTATIVE		- X	
	Typed or print	ed name of signer	•		
					年,
	; Pars	e 3 of 3		ঞূ	7.7