

L17000008019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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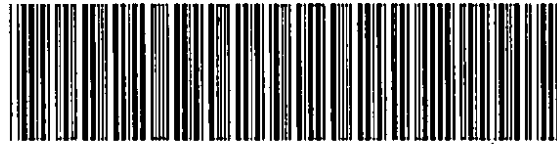
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AQUIFER REACH 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:

TATYANA PONKRATOV

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

11178 CAMPFIELD CIR

\_\_\_\_\_  
Address

JACKSONVILLE FL 32256

\_\_\_\_\_  
City/State and Zip Code

aquiferreach@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TATYANA PONKRATOV

360

927-5923

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**

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**

AQUIFER REACH LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 10 2017 and assigned  
Florida document number L17000008019.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

636 E 21st St

**(Principal office address MUST BE A STREET ADDRESS)**

JACKSONVILLE FL 32206

**Enter new mailing address, if applicable:**

11178 CAMPFIELD CIR

**(Mailing address MAY BE A POST OFFICE BOX)**

JACKSONVILLE FL 32256

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Type of Action</u>
AMBR	MIKHAIL PONKRATOV	11178 CAMPFIELD CIR	<input type="checkbox"/> Add
		JACKSONVILLE FL 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SERGEY PONKRATOV	11178 CAMPFIELD CIR	<input type="checkbox"/> Add
		JACKSONVILLE FL 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	TATYANA PONKRATOV	11178 CAMPFIELD CIR	<input type="checkbox"/> Add
		JACKSONVILLE FL 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 27TH, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee