L17000083319

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COVER LETTER

Div	ision of Cor	porations		
TIP IP OT	Insightful A	Accounting Solutions, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Uschi Macero		
			Name of Person	
		Insightful Accounting So	lutions, LLC	
			Firm/Company	
		4190 NW 113th Ave		
			Address	
		Coral Springs, FL 33065	;	
			City/State and Zip Code	
		umacero@gmail.com E-mail address: (to be used for future annual report notification)	
For further in	nformation c	oncerning this matter, please ca	ali:	
Uschi Mace	ero		954 303-8849	
	Name o	f Person	at ()	
Enclosed is a	a check for th	ne following amount:		
≅ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$60.00 Filing Certificate of Certified Co (additional copy (additional copy Certified Co (additional copy Certified Copy Copy (additional copy Certified Copy (additional copy Certified Copy (additional copy Certified Copy Certified Copy (additional copy Certified Copy (additional copy Certified Copy	of Status & opy
	iling Addres		Street Address: Registration Section	
		forporations	Division of Corporations	

Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
(A Florida Chimied Chabinty Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{04}{100}$	/13/2017 and assigned
Florida document number L17000083319	
Torida document mumber	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
Aqua Accounting Solutions, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Cuton many maintainal officers addresse if anniisables	
Enter new principal offices address, if applicable:	22 2
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	(C)
Mailing address MAY BE A POST OFFICE BOX)	
Muning address MAT BE A POST OFFICE BOX	
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	ecords, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	ida 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□ Change □ Add
			Remove
			Remove S Change
			□ Add
			Remove
			□Add
			□Remove
			E a

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Filing Fee: \$25.00