

L17000104243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 AUG 18 PM 2:59
CLERK OF STATE
TALLAHASSEE, FL 09101

K SALY
AUG 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aqualiena 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:

Becker

Name of Person

Aqualiena LLC

Firm/Company

PO Box 2369

Address

Ft Lauderdale FL 33303

City/State and Zip Code

9100@pobox.com

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

For further information concerning this matter, please call:

Becker

954 406-2040

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**

Aqualiena LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 10, 2017 and assigned
Florida document number L17000104243.

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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	Guy Martin	60 Hendricks Isle #302	<input checked="" type="checkbox"/> Add
		Ft Lauderdale FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Debra W Becker	80 Hendricks Isle #201	<input checked="" type="checkbox"/> Add
		Ft Lauderdale FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Randi Alvarado	70 Hendricks Isle #201	<input checked="" type="checkbox"/> Add
		Ft Lauderdale FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christine A. Martin	60 Hendricks Isle #302	<input checked="" type="checkbox"/> Add
		Ft Lauderdale FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DADE COUNTY FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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ALLIANCE
10:10 AM

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 7

2017

2017

Paul B. Fuchs

Signature of a member or authorized representative of a member

Richard B. Becker

Typed or printed name of signee