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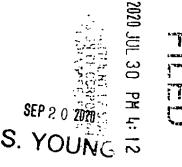
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registra Division	tion Sect of Corp								
(3 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		OBAL HOLDINGS LLC							
SUBJECT: Name of Limited Liability Company									
The enclosed Arti	cles of A	mendment and fee(s) are sub-	mitted for filing.						
Please return all e	orrespon	dence concerning this matter	to the following:						
		EDNA MENDEZ	N cn						
			Name of Person						
		EMPIRE BUSINESS & TA	AX ADVISORS, LLC	···.					
			Firm/Company						
		120 BROADWAY AVE S	UITE 302						
			Address						
		KISSIMMEE , FL 34741							
			City/State and Zip Code						
		ednamendez@empirebta.com							
		E-mail address: (to be used for future annual repo	rt notification)					
For further inforn	nation cor	ncerning this matter, please ca	all:						
EDNA MENDEZ	<i>.</i>		407 613-08						
	Name of !	Person	Area Code 1	Daytime Telephone Number					
Enclosed is a chec	ck for the	following amount:							
□ \$25.00 Filing	, Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
	Address:		Street Addre						
Registration Section Division of Corporations		Registration Section Division of Corporations							
	ox 6327	-	The Centre of Tallahassee						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACQUA GLOBAL HOLDINGS 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 $\frac{8/21/2017}{2}$ Florida document number $\frac{L17000177559}{}$ 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 "LLC," 6735 Conroy Windermere Rd Enter new principal offices address, if applicable: Suite 307 (Principal office address MUST BE A STREET ADDRESS) Orlando Fl 32835 6735 Conroy Windermere Rd Enter new mailing address, if applicable: Suite 307 (Mailing address MAY BE A POST OFFICE BOX) Orlando El 32835 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

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>	Address	Type of Action
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			□Remove
			Change
			□Remove
			□Change
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fan effective date is listed, the date Note: If the date inserted in thi	must be specific a s block does not	nd cannot be prio	r to date of filing or i	nore than 90 days aft no requirements, t	er filing.) Pursuant to 60 his date will not be li	05.0207 sted as
locument's effective date on the				ng requirements, to	ing date will not be it.	sicu a,
record specifies a delayed effo	ctive date, but n	ot an effective i	time, at 12:01 a.m.	on the earlier of:	(b) The 90th day aft	ter the
d is filed.					· · · -	
Dated		2020				
			orized representativ			

Filing Fee: \$25.00

Typed or printed name of signee