## 17000185840

(Requestor's Name)	
(Address)	800333525
(Address)	00000020
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09,703,719010130
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

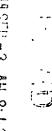
R. WHITE SEP 14 200

Office Use Only



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## **COVER LETTER**

TO:	Registration So Division of Cor			
SUBJI	X AQUAT			
SCHAL	CCT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please .	return all correspo	ondence concerning this matter	to the following:	
		RAQUEL B MOWRER		
			Name of Person	
		ON TARGET BUSINESS	SOLUTIONS LEC	
			Firm Company	
		7021 GRAND NATIONA	AL DRIVE STE 100	
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
		RAQUEL@RMONTARGE		
		E-mail address; (	to be used for future annual report noti	fication)
For Jurt	her information co	oncerning this matter, please co	all:	
RAQU	EL B MOWRER		407 745-1706	
	Name of	Person		e Telephone Number
Enclose	d is a check for th	e 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

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

X AQUATICS, LLC

2019 SEP -3 AH 8: 43

	(A Florida Limited Liability Compa	my)	-
The Articles of Organization for this Limited Florida document number L17000185840		1 08 30 2017	and assigned
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited liability compan	<u>y here</u> :	
X PRÓ AQUATICS, LLC			
The new name must be distinguishable and contain the	e words "Limited Liability Company."	the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if app	licable:		
(Principal office address MUST BE A STRI			
Mailing address MAY BE A POST OFFIC	<u> </u>		
3. If amending the registered agent an registered agent and/or the new registered  Name of New Registered Agent:	d/or registered office address office address here: ON TARGET BUSINESS SO		nter the name of the
<del>-</del>		··	
New Registered Office Address:	7021 GRAND NATIONAL D		
	tanter	Florida street address	
	ORLANDO Cire	, Florid	32819 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>	Type of Action
AMBR	Roberto T Vidal	6421 Hill O Sands Ct Orlando, Fl 32819	Add
			□ Remove
			Change
			Remove
			Change
	<del></del>		
		П Remove	
		Change	
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(H'an effe <u>Note:</u>	ve date, if other than the date of filing:
the rec	ord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier $\epsilon$ 90th day after the record is filed.
Dated_	7.20.2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00