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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Aqua Construction Croup CCC 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:
Jorge Garcia Name of Person
Aqua Construction Group LLC Firm/Company
24917 Heut Un. Address
Summer land My FL 33042 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hathy Gavaia at (305) 849-4498 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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 Companied Limited Limite	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on $12/30/17$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	24917 Hunt L	<u>.                                    </u>
(Principal office address MUST BE A STREET ADDRESS)	Summer land	Ly, FL 33042
Enter new mailing address, if applicable:	24917 Hunt La	
(Mailing address MAY BE A POST OFFICE BOX)	Summer land (Cey	CL 33042
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		the frame of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	2 7 <b>D</b>
	, Florida	7in 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>	Address	Type of Action
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if other than the date of filing: is listed, the date must be specific and cannot be e inserted in this block does not meet the ap ctive date on the Department of State's rece	pplicable statutor	g or more than 90 days af	otional)	
ord specifies a delayed effective date, but 90th day after the record is filed.	t not an effect	cive time, at 12:01	l a.m. on	the ea
September 5. 20	018.			
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		ntative of a member		

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Filing Fee: \$25.00