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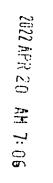
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O SIMMONS
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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:		ted Liability Company	
	mendment and fee(s) are subn		
Please return all correspond	ence concerning this matter to	o the following:	
	AGNES	GREENUNGE Name of Person	
	Dos	AGUAS LLC. Firm/Company	
	1945 S	OCEAN DR, F	1PT#1605
		BEACH, FL.	
	AGNES Col	REFULBGE HOID © o be used for future annual report r	2 comcast. Net
For further information con	cerning this matter, please ca	11:	
AGNES GR	EEN SE Person	at (954) (o Area Code Day	147998 rtime Telephone Number
Enclosed is a check for the			
□ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOS AGUAS	LLC 2022 APR 20 AM 1: U6
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	vany were filed on ANUARY 2, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
	Liability Company," the designation "LLC" or the abbreviation "L.lC."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	NA
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.

amending removed	; Authorized Person(s) a from our records:		nage, enter the title, name, and address	s or each person being au
GR = M MBR = A	anager uthorized Member	NA_		
t <u>le</u>	<u>Name</u>		Address 2 APR 20 AH 7: 06	Type of Action
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Filing Fee: \$25.00