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## COVER LETTER

TO: Registration Section Division of Corporation	s			
SUBJECT: AQUA	TECH L	LFE	110	
, 10,	Name of Limited L	iability Co	npany	
The enclosed Articles of Amendm	ent and fee(s) are submitted	d for filing		
Please return all correspondence co	oncerning this matter to the	following	<b>3</b> :	
1	DARYI W	)A / Name of	TERS Person	
$\perp$	MARIAN (	Firm/Cor	NATTERS npany	
80	18 FIEJds7	ONE Addre	ss way	
<u> </u>	JEST PAIM	BE y/State and	ACH, FL Zip Code	33413
<u>Oai</u>	E-mail address: (to be u	used for fut	13e115auth- ure annual report notification	non)
For further information concerning	g this matter, please call:		·	
DAIZY WATT	ERS	_ at (S Arca	Code Objection Telescope	ephone Number
Enclosed is a check for the following				
	0.00 Filing Fee &  ertificate of Status	Certifie	iling Fee & i Copy I copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

HQUATECH LIFE L	<b>J</b> C	
(A Florida Limited Lim	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number \(\begin{aligned} \begin{aligned} \begin{aligned} \lambda \\ \lambda \end{aligned} \\ \lambda aligne	were filed on $\frac{1}{2212018}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ility Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	TAS TAS	_
(Principal office address MUST BE A STREET ADDRESS)	B J	_
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	·	TILED ATAIR new
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	-
	, Florida	_
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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	JAN 2'0 AN 6: 4"
· · · · · · · · · · · · · · · · · · ·	S. P. D.
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated 196/2018	- \
Dated 196/2018  Marian Watters  Typed or printed	zed representative of a member
MARian WATTERS	name of signee
Types of prince	
Page <sup>3</sup>	Nof 3

Filing Fee: \$25.00

If amending or removed f	Authorized Person(s) authorized to man rom our records:	age, <u>enti</u>	r the title, name, and address of each p	erson being added
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	Name	Addres	<u>s</u>	Type of Action
Manager	Marian WattERS	898 EL	FIEld Stone Way WPB	_ Add
				Remove
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