

L18000051141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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AND
FILED

2019 APR 22 PM 3:07

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OFFICE OF THE
CLERK OF THE
COURT

T.G.
04/23/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2019

SHANE NORTHROP, CPA
13700 SIX MILE CYPRESS PKWY STE 2
FORT MYERS, FL 33912

SUBJECT: AQUATECH SYSTEMS, LLC
Ref. Number: L18000051141

APPROVED
AND
FILED
2019 APR 22 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AQUATECH SYSTEMS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 819A00007340

Enclosed
2019 APR 11 PM 3:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AQUATECH SYSTEMS, LLC

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:

SHANE NORTHROP, CPA

Name of Person

NORTHROP FINANCIAL GROUP, LLC

Firm/Company

13700 SIX MILE CYPRESS PKWY STE 2

Address

FORT MYERS, FL 33912

City/State and Zip Code

SHANE@NORTHROPFINANCIAL.COM

E-mail address: (to be used for future annual report notification)

APPROVED
AND
FILED
2019 APR 22 PM 3:07
STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

SHANE NORTHROP, CPA

239

271-2488

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

AQUATECH SYSTEMS, 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 02/26/2018 and assigned
Florida document number L18000051141.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

NORTHROP FINANCIAL GROUP, LLC

New Registered Office Address:

13700 SIX MILE CYPRESS PKWY STE 2

Enter Florida street address

FORT MYERS

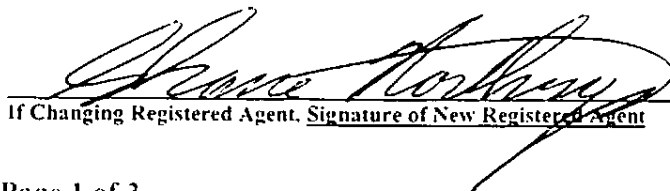
City

Florida 33912

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>	<u>Type of Action</u>
AMBR	DALE DELEACAES	14800 EAGLES LOOKOUT CT FORT MYERS, FL 33912	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
P	VANESSA DELEACAES	14800 EAGLES LOOKOUT CT FORT MYERS, FL 33912	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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APPROVED
 AND
 FILED
 2019 APR 22 PM 3:07
 FORT MYERS, FL
 14800 EAGLES LOOKOUT CT

2019 APR 22 PM 5:01
RECEIVED STAFF
FBI MEMPHIS

APPROVED
AND
FILED


2019 APR 22 PM 3:07

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STAT
MAY 1 2019

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee