L18000055593

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALL AHASSEE STATE

K. SALY AUG 22 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AQUA Res - Q
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Allison Valdez Name of Person
AQUA RES-Q
_2102 Nuttail Oaks Pl
Brandon, FL 33510 City/State and Zip Code All Son Lindson V Camal, Com E-mail address: (to be used for future aroual report notification)
For further information concerning this matter, please call:
Allison Valda Z at (310) 855-22400 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$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

ARTICLES OF A	AMENDMENT
ARTICLES OF O	RGANIZATION 18 Allo
OI	SECRE PM
(Name of the Limited Liability Compan (A Florida Limited Li	RGANIZATION F AUG 15 PH 3. IN as it now appears on our records.) Inability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 18000055593</u> .	were filed on $3/2/20/8$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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 off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> :
Name of New Registered Agent:	
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.

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 **Type of Action** <u>Address</u> Title Name 12102 Nuttail Oaks Pl. Boadd Brandon, FL 33510 _□ Change □ Add ☐ Remove □ Add ☐ Remove □ Add □ Remove ____ Change ☐ Add ☐ Remove _□ Change

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(If an eff Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.
Dated	8/14/18
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00