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2022 APR -4 AH 9: 52 SECRETARY OF STATE

O SIMMONS APR 1 6 2022

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Aqua Res	ted Liability Company	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nick Val	dez Name of Person	
	Agua Res	Firm/Company	
	lizg Emerc	ald Hill Way	
	Valnico FL	33594 City/State and Zip Code	
	NickAous Re- E-mail address: (1	o be used for futtle annual report notifi	ication)
For further information c	oncerning this matter, please ca	dl:	
Nick Val	de Z f Person	at (863) 512— Area Code Daytime	C562 Telephone Number
Enclosed is a check for t	ne following amount:		
☐ \$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

2022 APR -4 AM 9: 52

FILED

(Name of the Limited Liability Compa (A Florida Limited L	SECRETARY OF STATE TALLAHASSEE, FL Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800655593</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	1129 Emerald Hill Way Valnico FL 33594
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Cuj Zyi Code

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Allison Valdez	1129 Emerald Hill Way	□Add
		1129 Emerald Hill Way Valvico FL 33594	∑ Remove
			□Change
			□Add
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Note:	tive date, if other than the date of filing: 62/28/2027 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 filed.
Dated	03/28/2022
	Signature of anithorized representative of a member
	Typed or printed name of signer