UB000118410

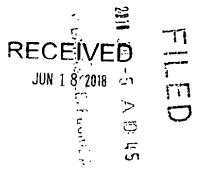
(Re	nuestor's Name)	
(110	equestor s realite)	
(Ad	dress)	
(Ad	dress)	
	·	
(0)	- 10 - 1 - 10 · 1	10
(Cit	ty/State/Zip/Phone	#)
—		<u></u>
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	siness Entity Name	<u>e)</u>
(50	iomess Emily Home	- ,
(Do	cument Number)	
Certified Copies	Certificates	of Status
		ا م
Special Instructions to	Filing Officer:	~
<u></u>	<u> </u>	

Office Use Only



000314722100

08/19/18--01002--020 *+25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2018

DANIEL LLOREDA VELASQUEZ 78 SW 7TH ST STE 500 MIAMI, FL 33130

SUBJECT: H20 CAPITAL INNOVATION, LLC

Ref. Number: L18000118410

We have received your document for H20 CAPITAL INNOVATION, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 018A00012936

RECTITE

MINUL-5 PRI2

VERMER OF T

COVER LETTER

TO:

Registration Section

Divi	ision of Cor	porations		
	H20 Capita	Hnnovation, LLC Change of F	Principal Office/Mailing Address a	nd AMBR
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	•	
		Daniel Lloreda Velasquez		<u> </u>
		H20 Capital Innovation, L	Name of Person	21. JUL - 5
		78 SW 7th Street Ste 500	Firm'Company	>
		Miami, FL 33130	Address	<u>්</u> අ
		d.Horeda@h20capital.com	City/State and Zip Code	
For further in	iformation co	E-mail address: (oncerning this matter, please co	to be used for future annual report not all:	ification)
Daniel Llore	da Velasque	z	+1-305 733-4913	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assec, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	orations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H20 Capital Innovation, LLC			<u>.</u>	8.3	
(<u>Name of the Limited Liabilit</u> (A Florida	ly Company as it Limited Liability	now appears on our (Company)	records.)		
The Articles of Organization for this Limited Liability C Florida document number	ompany were	filed on May 11, 2	018	and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	ited liability c	ompany here:	; ; ;	. සැ සැ ජා	
-					
The new name must be distinguishable and contain the words "Lim	ited Liability Cor	npany," the designation	in "LLC" or th	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		Sw 7th St Ste. 500			
The Articles of Organization for this Limited Liability Company w Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability 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 here: Name of New Registered Agent: Registered Agent	(ESS) Mia	mi, FL 33130			
Enter new mailing address, if applicable:	78 5	78 Sw 7th St Ste . 500)			
		Miami, FL 33130			
registered agent and/or the new registered office add	ress here:		ecords, <u>en</u>	ter the name of the new	
Name of New Registered Agent:	Registered Agent:				
New Registered Office Address: Regist	Registered Agent Office is not being changed				
	Enter Florida street address				
	C	iiy	Florida	Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:				
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and co					

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>	Address	Type of Action
AMBR	MAURICIO PORRAS GARZA	78 Sw 7th St Ste. 500 MIAMI FL	
		33130 USA	□ Remove
			■ Change
AMBR	DANIEL LLOREDA VELASQUE Z	78 Sw 7th St Ste. 500 MIAMI FL	
		33130 USA	☐ Remove
			■ Change
			→ Add
			Remove
AMBR	FREDERICO GARZA	2100 CORALW AY STE 604	D□ Change
		MIAMI, FL 33145 USA	☐ Add
*****			□ Change
			□ Add
			☐ Remove
			☐ Change
			
			□ Remove
			□ Change

						
						
			·			
				•	20	
		- 1·			din.	
				<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
					<u> </u>	<u> </u>
					\triangleright	
				27.6	æ. Ç	
				3.	<u> </u>	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
				<u></u>		
ffective date, if other than the				otional)		(nt 03)
an effective date is listed, the date mus ote: If the date inserted in this blo	ock does not meet the ap	oplicable statutory				
ocument's effective date on the De	epartment of State's rec	ords.				
e record specifies a delayed The 90th day after the rec		t not an effect	ive time, at 12:0	1 a.m. o	n the e	arlier d
June 10 ated	2018					
	Signature of a member or					

Page 3 of 3

Filing Fee: \$25.00