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SECRETARY OF SIME BY SICHE TONE OF CORPORATIONS

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COVER LETTER

Division of Co	rporations		
SUBJECT:	AQUA	FERTILIZER LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		RAFAEL ALVAREZ	
		Name of Person	<u> </u>
		AQUAFERTILIZER LLC	
		Firm/Company	
	13	22 SE 46TH LANE, SUITE 104	i e
		Address	
		CAPE CORAL, FL 33904	
		City/State and Zip Code	
		ralvarezf7@gmail.com	
For further information of	n-mail address: (concerning this matter, please c	to be used for future annual report i all:	iotification)
RAFAEI	. ALVAREZ	239	677-7297
Name of Person		at () Area Code Day	time Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AQUA	FERTILIZER LLC				
(Name of the Limited Liability (A Florida Li	Company as it now appears mited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Con	npany were filed on	5/29/2018	and assig	ned	
lorida document number 1.18000132022					
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited	d liability company her	<u>·e</u> :			
ne new name must be distinguishable and contain the words "Limited	d Liability Company," the de	signation "LLC" or the ab	obreviation "L.L.C	3." -	
nter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRES	<u> </u>			9	
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nter new mailing address, if applicable:				- 도구() - 18년 :	
failing address MAY BE A POST OFFICE BOX)				_ 10 = 5	
			<u>:</u>	\mathbb{Z}_{\geq}	
	<u> </u>			<u></u>	
. If amending the registered agent and/or register egistered agent and/or the new registered office addres		our records, <u>enter</u>	the name of	the n	
Name of New Registered Agent:	RAFAEL ANTONIO	O ALVAREZ FONSEC	īa		
New Registered Office Address:	1322 SE 46TH LANE, SUITE 104				
	Enter Flori	la street address		_	
	CAPE CORAL	, Florida	33904		
	Cin		Zin Carlo		

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
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If the da	te inserted in this bloc	k does not r	neet the appl	icable statut	ory filing re	quirements,	this date wil	I not be list
ient's effe	ective date on the Dep	partment of S	State's record	s.	•			
cord spe	ecifies a delayed	effective o	date, but n	ot an effe	ective tim	e. at 12:0	1 a.m. on	the earli
90th d	ay after the reco	rd is filed.	,			-, -: -: -: -	2 011111 011	circ carn
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