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COVER LETTER

TO: Registration Se Division of Cor	ction porations		
SUBJECT:	AQUA FL	1GHT LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mate	Dezamits	
		Name of Person	
		Firm/Company	
	101 N Riv	erside Dr Ste	2 107
	Pomp	Address and Beach, Fl City/State and Zip Code	L; 33062
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ea	all:	
Mate 1	<u> </u>	at (<u>954</u>) <u>478 20</u> Area Code Daytime	56 Telephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	2018 617 - 4 PH 12: 47 Industry as it now appears on our records.) Id Liability Company)
(A Florida Limite The Articles of Organization for this Limited Liability Comparts Florida document number <u>L 18000/45570</u> .	ny were filed on $\frac{06/13/20(8)}{20(8)}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ability Company," the designation "L.L.C." 4742 Grapevine Way Davie, FL, US, 33331
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6200 Gauntlet Hall Lane Pavie, FL, US, 33331
registered agent and/or the new registered office address he	
Name of New Registered Agent: Ashto	n G Lauritzen Grapevine Way Enter Florida street address
New Registered Office Address: 4742	Grapevine Way
<u>Da</u>	City Florida Street address Vi C, Florida 3333

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>	Name	Address	Type of Action
MGR	Mate Dezamits	1210 N Riverside de Apt 20	<u>)(</u>
		Pompano Beach FL 33062	X Remove
			Change
MGR	ILDIKO Toth	3405 Norfolk St Apt 4	Add
		Pompano Beach, Fl, 33062	Remove
			Change
			🗆 Add
			Remove
			Change
			□ Add
			Remove
			🗆 Change
	 -		□ Add
			_□ Remove
			Change
			_□ Add
			_□ Remove
			_□ Change

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lf an ef <u>Note:</u>	tive date, if other than the date of filing: <u>09/30/2005</u> (optional) The 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ie re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Jatos	l,
Darco	The sound Mil
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00