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D. SCOTT

## **COVER LETTER**

Division of Co				
SUBJECT: P	Iqua Dry Re	storation Ll	_C	
	Name of Limit	ed Liability Company		
(he enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
'lease return all correspo	ondence concerning this matter to	o the following:		
	Joni	el Boza Name of Person		
	Agua Dr	Restoration Firm/Company	, LLC	
	10731 SW 1	24 Avenue Address	2011 DEC	П
	Miami, F	L 3318 U City/State and Zip Code		F
	bozajva E-mill address: (to	amail. Com	tion) U	Ö
for further information of	concerning this matter, please ca		=	
Dayana	Sicard of Person	at ( <u>784)</u> <u>325 - 80</u> Area Code Daytime To	205 305 314 elephone Number	2700
inclosed is a check for t	, <del>-</del>			
□ \$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	
	Please use same		(additional copy is enclosed)	
	money order tha	rwas	1- Pagga and Walter	Catai
Regist Divisi P.O. E	PYCYIVISIY SUMMIK ING ADDRESS: ration Section on of Corporations Box 6327 assec FL 32314	A along with interved STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente	uns	sent.

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Agua Dry Restoration, LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on dur records.) I Liability Company)	
The Articles of Organization for this Limited Liability Companderida document number <u>L1800019845</u> 5	by were filed on $8/20/2018$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial  AQUATE Ch. RESTOVO  The new name must be distinguishable and contain the words "Limited Liab	ation, LLC	_
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS)</u>	107315W 124 Avenue Mami, FL 33186	_ _
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	same as above 1	_
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address he		<u>пе</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:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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

f 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

$\lambda MBR = A$	AMBR = Authorized Member				
l <u>'itle</u>	<u>Name</u>	Address	Type of Action		
	<del></del> .		Add		
		<del> </del>	Remove		
		· · · · · · · · · · · · · · · · · · ·	Change		
			☐ Remove		
			□ Change		
			□ Remove		
		<u> </u>	Change 7		
			H. B. Add		
			To Remove		
			Change		
		****	☐ Remove		
			☐ Remove		
			Change		

D. If amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)	
<del></del>		
<u></u>		
	22	
		I
	AH ST. 5	-
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 danger. If the date inserted in this block does not meet the applicable statutory filing requireme	(optional) ays after filing.) Pursuant to 605	.0207 (3)(b ed as the
document's effective date on the Department of State's records.		
f the record specifies a delayed effective date, but not an effective time, at 13 b). The 90th day after the record is filed.	2:01 a.m. on the earlie	er of:
Dated December 22 2018.		
Signature of member around orized representative of a member		
Joniel Boza Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00