118000223380

(Address)	500321078695
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	11/29/1801009029 **25.00
Certified Copies Certificates of Status	S TALLENT BECOME STATE OF THE S

Office Use Only

COVER LETTER

SUBJECT:	ACQUA PI	SCINAS LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		RAFAEL FARIA ROMER	RO	
			Name of Person	
		3771 GRANDEWOOD BI	Firm/Company	
		ORLANDO FL 32837	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
RAFAEL FA	ARIA ROME	ERO	786 651-1953	
	Name of	Person		Telephone Number
Enclosed is a	check for th	e 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

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

ACQUA PISCINAS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number L18000223380	were filed on and as	signed
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company "the designation "LLC" or the abbreviation "I	
	3771 GRANDEWOOD BLVD # 0235	-
nter new principal offices address, if applicable:	ORLANDO FL 32837	
Principal office address MUST BE A STREET ADDRESS)	31, 60	
inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	ORLANDO FL 32837	
. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her	ffice address on our records, enter the name	of the n
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:

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 of removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CHACIN PARRA, SONJA C	3771 GRANDEWOOD BLVD # 0235	_ _ ■ Add
		ORLANDO FL 32837	
			☐ Remove
			□ Change
MGR	COLINA CHACIN, NESTOR	3771 GRANDEWOOD BLVD # 0235	■ Add
		ORLANDO FL 32837	
			□ Remove
			□ Change
			□ Add
			Remove
-			Change
			□ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			☐ Change

is amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	-
_		_
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	11/00/0010	-
Effectiv	11/08/2018 ve date, if other than the date of filing: (optional)	
Note: I	ctive 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 60 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list not seffective date on the Department of State's records.	
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	ier of:
Dated _	11/26 2018.	
	Signature of a member or authorized representative of a member	
	RAFAEL FARIA ROMERO	

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Typed or printed name of signee

Filing Fee: \$25.00