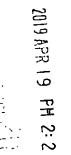
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C. GOLDEN APR 27 2019

COVER LETTER

	IAQUA D	ISTRIBUTION LLC				
SUBJECT:	-	Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		CHARLES FULTZ				
			Name of Person			
	IAQUA DISTRIBUTION LLC					
			Firm/Company			
		924 SE 7TH ST				
			Address	· · · · · · · · · · · · · · · · · · ·		
		FORT LAUDERDALE, FL 33301				
		City/State and Zip Code				
		CHUCK@IMAUCAPITAL.COM E-mail address: (to be used for future annual report notification)				
For further in	formation o	concerning this matter, please ca	all:			
CHARLES F	ULTZ		954 5942885			
•	Name o	of Person	at () Area Code Daytime	: Telephone Number		
Enclosed is a	check for t	he following amount:				
■ \$25.00 Fi	ling 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

FILED

2019 APR 19 PM 2: 21

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

[A L] 02/14/2019 The Articles of Organization for this Limited Liability Company were filed on and assigned L19000045722 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L1.C" or the abbreviation "L1.C." 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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	Charles Fultz	924 SE 7th St	■ Add
		Fort Lauderdale, FL 33301	☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			☐ Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change

or a morning and other morning	tion, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
	!	
		
		
		
		
(If an effective date is listed, the date must	date of filing:	o 605.0207 (3) Elisted as the
the record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at $12:01\ a.m.$ on the exprd is filed.	arlier of:
Dated April 11	2019	
CG	-	
	Signature of a member or authorized representative of a member	_
Charles Fultz		
	Typed or printed name of signee	_

Page 3 of 3

Filing Fee: \$25.00