## L19000091888



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## **COVER LETTER**

CHD IEC		Restaurant & Hospitality Indust	ry Partners, LLC
SUBJEC	1;	Name of Lim	ited Liability Company
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please ret	um all correspo	ondence concerning this matter	to the following:
		Gil Stembach	
		Inversal Restaurant & Hospitality Industry Partners. LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing,  Inversal Restaurant & Hospitality Industry Partners. LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing,  Inversal Restaurant & Hospitality Industry Partners. LLC  Name of Person  Leverage Business Strategy  Firm/Company  4935 Kensington Circle  Address  Coral Springs. FL 33076  City/State and Zip Code  Gil.Sternbach@LeverageBusinessStrategy.com  E-mail address: (to be used for future annual report notification)  Area Code  Name of Person  Area Code  Daytine Telephone Number  beck for the following amount:  Ing Fee  \$30.00 Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  See Address:  Street Address:  Street Address:  Registration Section  Liverage Business Strategy  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee	
		Leverage Business Strateg	у
Firm/Company		Firm/Company	
		4935 Kensington Circle	
			Address
Division of Corporations  Universal Restaurant & Hospitality Industry Partners, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Gil Sternbach  Name of Person  Leverage Business Strategy  Firm/Company  4935 Kensington Circle  Address  Coral Springs, FL 33076  Gil.Sternbach@LeverageBusinessStrategy.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Gil Sternbach  Name of Person  At Code  Pol-2324  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Correctificate of Status  Certified Copy  (additional copy is enclosed)  Mailling Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee			
			City/State and Zip Code
For furthe	er information c	oncerning this matter, please co	all:
Gil Steml	bach		
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed	is a check for th	ne following amount:	
<b>■</b> \$25.0	00 Filing Fee		Certified Copy Certificate of Status & Certified Copy Certified Copy
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E	P.O. Box 632	27	
_	Fallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Universal Restaurant & Hospitality Industry Partners, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/04/2019}{1}$ and assigned Florida document number L19000091888 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AquaSan, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.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

## 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

. Florida

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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