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COVER LETTER

Division of	n Section Corporations	V			
SOUTI SUBJECT:	HERN AQUATIC SERVICES LL	C.			
30161	Name of Lin	nited Liability Company			
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	espondence concerning this matter	to the following:			
	KENNETH C DEVRIES				
		Name of Person			
	SOUTHERN AQUATIC	SERVICE LLC			
		Firm/Company			
	33421 SERENE DR				
		Address			
	PUNTA GORDA, FL 339	982			
	southernaquaticservicesLL	City/State and Zip Code		2019 NOV 20 SECREDE (4)	
		(to be used for future annual report notific	ation)		71
For further informati	on concerning this matter, please of	all:			17
KENNETH C DEVI	RIES	941 204-1724 at ()		A 80	
Na	me of Person		elephone Number		
Enclosed is a check t	for the following amount:				
■ \$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

SOUTHERN AQUATIC SERVICES LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number <u>L 1900</u>0257708 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 "LLC" or the abbreviation "LLC." 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.

City

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KENNETH C DEVRIES	33421 SERENE DR. PUNTA GORDA, FL 33982	Add
			☐ Remove
			☐ Change
			🗆 Remove
			Change
			Add
		··	□ Remove
			☐ Change
			🗆 Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change

). If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note: If 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 (a date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of: h day after the record is filed.
Dated	··
	Ke SK Day Signature of a member or authorized representative of a member
	KENNETH C DEVRIES

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00