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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	·
(City)	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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O SIMMONS JUN 05 2020

COVER LETTER

Registration Section

TO:

Division of Co	rporations		
Aqua Chef	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The complete 2 Amilabase	7 h		
The enclosed Articles of	Amendment and fee(s) are sun	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
•	Carolyn M. Hulette		
•		Name of Person	
	Aqua Chef, LLC		
Name of Person			
			Address
	Ft. Myers, FL 33901		
		City/State and Zip Code	
	· · · · ·		
lion timbou in Commeton		·	otification)
for futurer information	concerning this matter, please c	a(),	
Carolyn M. Hulette		239 940-1510 at ()	
Name	of Person	Area Code Dayti	me Telephone Number
• Enclosed is a check for (the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			Section
		_	
	- :	The Centre of	Tallahassee
Tallahassec,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUH - 5 PH 6: 55

• Aqua Chef, LLC		5 th 6. 35
(Name of the Limited Li (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	. L
The Articles of Organization for this Limited Liabili		and assigned
Florida document number 1.20000001321	·	
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 t	he abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
Muiling address MAY BE A POST OFFICE BOX	2	
		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Florid	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 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 2020 JUN - 5 FH 6: 55	Type of Action
MGR	JBRA. LLC	3618 Fowler St., Ft. Myers, FL 33901	□Add
			=Remove
			🗆 Change
AMBR	JBRA, LLC	3618 Fowler St., Ft. Myers, FL 33901	■Add
•			□Remove
			□Change
MGR	Sevinch Hospitality Management, I	3618 Fowler St. Ft. Myers, FL	□Add
			Remove
			□Change
AMBR	Sevinch Hospitality Management, I	3618 Fowler St., Ft. Myers, FL 33901	≣Add
			□Remove
			□Change
MGR	Elli M. Courtney	4890 Bethel Creek Dr. #8, Vero Beach, FL 32963	□Add
AMBR			Remove
			Change
	Elli M. Courtney	4890 Bethel Creek Dr., #8, Vero Beach, FL 32963	BAdd
			🗆 Remove
			□Change

			2020 JUN -5	PH 6: 55		
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(If an effo <u>Note:</u>	ve date, if other than the datective date is listed, the date must be lift the date inserted in this blockent's effective date on the Department.	specific and cannot be prior to does not meet the applica			ng.) Pursuant to 605.0	
ne record ord is file	d specifies a delayed effective d ed.	ate, but not an effective tin	ne, at 12:01 a.m. on the	e carlier of: (b)	The 90th day after	the
Dated	May 15,	2020	$-\hat{n}$ n			
		A				
		mature of a member or author	grand consequentatives of a m	2000		

Filing Fee: \$25.00

Typed or printed name of signee