## 5001000003

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	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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c/ 5/3/2012

## Incorporating Services, Ltd.

incserv<sup>2</sup>

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 5/27/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1041968

ORDER ENTITY

A&B AQUATICS REAL ESTATE, LLC

PLEASE PERFORM THE FOLLOWING SERVICE	ec.	
LTENDE LEKLOKIJ I HE LOTTOAATIJO DEKATCI	:3;	
A&B AQUATICS REAL ESTATE, LLC (FL)		

File the attached amendment

NOTES:

\$35.00 Authorized

Email address for annual report reminders: AUSTIN.PIRO@PURSUANTCAPITAL.COM

133. W

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

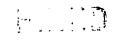
If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, May 27, 2022 Page 1 of 1

## DocuSign Envelope ID: 07787062-892E-4FA1-A14C-745F549F0916 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:    Name of New Registered Agent:   SAMUEL R. ROSATI, P.A.	A&B AQUATICS REAL ESTAT	rr iic	2022 MAY 27 AM 9: 22	
The Articles of Organization for this Limited Liability Company were filed on February 28, 2022 and assigned Florida document number L22000102663  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 address here:  Name of New Registered Agent:  SAMUEL R. ROSATI, P.A.	(Name of the Lim	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records) TALL	
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 register and/or the new registered office address here:  Name of New Registered Agent:  SAMUEL R. ROSATI, P.A.	The Articles of Organization for this Limited	Liability Company were filed on Fo		
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 and/or the new registered office address here:  Name of New Registered Agent:  SAMUEL R. ROSATI, P.A.	This amendment is submitted to amend the fo	llowing:		
Enter new principal office 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 address here:    Name of New Registered Agent:   SAMUEL R. ROSATI, P.A.	A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :	
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 and/or the new registered office address here:    Name of New Registered Agent:   SAMUEL R. ROSATI, P.A.	The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L1.C" or the abbreviation "L.L.C."	
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 and/or the new registered office address here:    Name of New Registered Agent:   SAMUEL R. ROSATI, P.A.	Enter new principal offices address, if apple	icable:		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:    Name of New Registered Agent:   SAMUEL R. ROSATI, P.A.	(Principal office address MUST BE A STRE	EET ADDRESS)		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:    Name of New Registered Agent:   SAMUEL R. ROSATI, P.A.				
Name of New Registered Agent.	B. If amending the registered agent and/or	registered office address on our t	records, <u>enter the name of the new registe</u>	
New Registered Office Address: 217 S. Cedar Ave.	Name of New Registered Agent:	SAMUEL R. ROSATI, P.A.		
	New Registered Office Address:	217 S. Cedar Ave.		
Enter Florida street address	New Registered Office Address:	Enter Florida street address		
Tampa , Florida 33606				
City Zip Code		Tampa	, Florida 33606	
Enter Florida street address  Tampa  Florida 33606		217 S. Cedar Ave.	vida street address	

If Changing Registered Agent, Signature of New Registered Agent

Sam Rosati -826A5F99A886496 .. DocuSign Envelope ID: 077870B2-B92E-4FA1-A14C-745F549F0916
in amenuing Authorized rerson(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
MGR	Timothy D. Delaforce	9510 Denfield Crt.	□Add
		Houston TX 77070	■Remove
			Change
MGR	Craig M. Scherer	14107 Paradise Valley Dr.	□Add
		Houston TX 77069	■Remove
		<del> </del>	□ Change
MGR	Lynniam Farms, LLC	16700 SE Pear Street	■Add
	Blountstown, FL 32424	□Remove	
			□Change
MGR	Pursuant Holdings, LLC	217 S. Cedar Ave.	■Add
		Tampa, FL 33606	□Remove
			□ Change
			□Add
		□Remove	
		□Change	
			□Add
			□Remove
			□Change

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(If an eff Note:	ve date, if other than the date of filing:
ne recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
	5/27/2022
Dated	2022
	tony layne 2820CEBCF8124C2
	Signature of a member or authorized representative of a member
	Tony Layne

Filing Fee: \$25.00