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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	
PLEASE use funds from ACCT: I2021000016 Authorization Signature: Aqua Sustainability Solutions LLC Business Docur	
Walk in	Pick up time
Mail out	Will wait
Photocopy	
	tion
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionArticles of Conversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTIL () Country	Other

EXAMINER'S INITIALS:

(850) 524-5437 (850) 524-6243 PLEASE use funds from ACCT: I20210000160 AMOUNT: \$.25.00 Aqua Sustainability Solutions LLC Document # Business ____ Pick up time____ Walk in Will wait Mail out Photocopy Certified Copy (s) of Articles of Incorporation Certificate of Status <u>AMMENDMENTS</u> **NEW FILINGS** X Amendment Profit Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other Conversion CORP Articles of Conversion REGISTRATION/QUALIFICATIONS **OTHER FILINGS** ___ Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name ___ APOSTIL ()**_** Other Country

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:_____

COVER LETTER

TO: Registration Sec Division of Corp	tion Orations		
SUBJECT:	Aqua Sus	stainab, /, t	Soltions
		ı	1 440
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Stary Wein	·
		Name of Person Hacy Wein Firm Company	Esq. 12/Rd 5.14 410
	9717 NI	Vew Killy Car	12/Rd 5, te 410
	Plantation	n. FL 333.	24
	<u></u>	City/State and Zip Code UCIA O MOL to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	/	
	1	at (305) 92 Area Code Daytime	622/0 Telephone Number
Marie o	i region	•	•
Enclosed is a check for the	he following amount:		
CJ/\$25.00 Filing 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)
		Street Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(Z)
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ARTICLES OF AMENDMENT TO

FII FD

ARTICLES	OF OF	RGANIZATI	ION	ZUZZ AU	G 16 AM 9: 08
	OF				TARY OF ST
Aqua Sustanabi	1. fy	50/	, + . · a	105	LASSEE LET
(Name of the Limited Unbility (A Florida I	y Company Limited Lia	es it now appears bility Company)	on our reco	<u>rds.</u>)	
77	,	Z	1	2022	1 2.2.4
The Articles of Organization for this Limited Liability Co	ompany w	ere filed on	//7/	<u> </u>	and assigned
Florida document number <u>L22000/267</u>	<u>0</u> 7				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liabili	ty company hen	<u>e</u> :		
· · ·					
The new name must be distinguishable and contain the words "Limit	ited Liability	Company," the des	ignation "I.I	.(" or the abb	reviation "L.L_C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR.	(ESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
					en talling
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office ad	idress on our rec	eords, <u>ent</u>	r the name	of the new registered
agent and of the new regions of					
Name of New Registered Agent:					
New Registered Office Address:	·- <u></u>	Enter Florid	ia street addi	ness	
			I	Florida	
	· ·	City	·		Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:				
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete p gent as pr ed office o	performance of n rovided for in Cl	ny duties, hapter 60.	and Lam fo 5, F.S. Or. i	amiliar with and if this document is
	If Chang	ging Registered Age	nt, <u>Signatur</u>	e of New Reg	istered 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

Title Name Address Type of Action

MGR = Manager
Address Type of Action

Type of Action

Foundation 12981 Longer to Defence Padd

Foundation 1235498 Remove

____ □Change ___ 🗀 Add ____ Remove _____ □Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary)	
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Tectiv	ve date, if other than the date of filing:	15 026
I	If the date incerted in this block does not meet the applicable statutory tring requirements	sted a
cume	ent's effective date on the Department of State's records.	
ord	i specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter th
is file	ed.	
	Avarst 15 2022	
ned _	Avast 15 2022	
	Signature of a member or authorized representative of a member	
	Stacy Wein Typed or printed dame of signee	

Filing Fee: \$25.00