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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
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SECULIARY OF SIME

FILED

COVER LETTER

Registration Section

TO:

Division of C	Corporations		
AQUA I	PROPERTY CARE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	SALOME BUSTAMANT	E	
	<u></u>	Name of Person	
	AQUA PROPERTY CAR	E LLC	
		Firm/Company	
	4775 TRIBUTE TRAIL		
		Address	
	KISSIMMEE, FL 34746		
		City/State and Zip Code	
	INFO@JCBSOLUTIONSI E-mail address: (NC.NET to be used for future annual report not	ification)
For further information	on concerning this matter, please c		
SALOME BUSTAM	ANTE	866 296-1833 at ()	
Nan	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ado</u> Registratio		Street Address: Registration So	
	f Corporations	Division of Co The Centre of	•
P.O. Box (Tallahasse	e, FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AQUA PROPERTY CARE LLC		<u>. </u>
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our Ciability Company)	records.)
he Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L22000208669		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
QQUA PROPERTY CARE LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		20
Principal office address MUST BE A STREET ADDRESS)		72
Tincipal office address MOST BE A STREET ADDRESSY		A I
		60-K
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		<u> </u>
		08 80
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records,	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	t address
	City	, Florida Zip Code
	City	Lip 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	Type of Action
			□Add
			□Remove
			□Change
			□Add
		<u></u>	Remove
		<u> </u>	□ Change
			□Remove
			□Change
			□Remove
			□Change
			Remove
			□Change
			□Remove
			□Change

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Effective	e date, if other than the date of filing: (optional)
(If an effec Note: If	tive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to
documer	nt's 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: (b) The 90th day after the
ord is filed	1.
	2022
Dated _	Descuber 22° , 2023
	Duel Bullougate
	Signature of a member or authorized representative of a member
	SALOME BUSTAMANTE
	Typed or printed name of signee

Filing Fee: \$25.00