(((H22000248643 3)))

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000248643 3)))



Note: DO NOT hit th	e REFRESH/RELOAD	button on yo	our browser	from this p	page.
1	Doing so will generate a	mother cover	sheet.		

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES

Account Number: I20120000042 Phone : (941)685-0955 : (866)473-0571 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ROBERTWEST166@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AQUA PERFORMANCE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

(((H22000248643 3)))

TO:	Registration Sec Division of Corp		·	, •
SUBJE	AQUA PEI	RFORMANCE SOLUTIONS		
30031	~ · ·	Name of Limi	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		WILLIAM ROBERT W	EST , III	
			Name of Person	
		AQUA PERFORMANCI	E SOLUTIONS, LLC	
			Firm/Company	
		3250 NE 12TH ST		
			Address	
		POMPANO BEACH, FL	. 33062	
			City/State and Zip Code	
		ROBERTWEST166@GM		
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please ca	aft:	
ROBIN	O'CONNOR		941 941-685-095 at ()	55
	Name of	'Person		e Telephone Number
Enclose	d is a check for th	ne following amount:		
€ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction

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

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

From License Exam Services LLC 1.866.473.0571 Fri Jul 22 07:55:46 2022 MDT Page 5 of 7

ARTICLES OF AMENDMENT (((H22000248643 3))) TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Come (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000213395</u>	y were filed on <u>05/05/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	sility Company," the designation "LLC" or the	abbreviation "L.L.C."
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 pa	mo of the new registered
B. If amending the registered agent and/or registered other agent and/or the new registered office address here:	e address on our records, enter the ha	the of the new registered
		202;
Name of New Registered Agent:		··· · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	22
	Enter r tortda street address Florida	E 000
	City	Zip Trole 5
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	5

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.

From License Exam Services LLC 1.866.473.0571 Fri Jul 22 07:55:46 2022 MDT Page 6 of 7

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of page person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	CHRIS OTTERSON	4173 WOODVILLE HWY	🗀 Add
		TALLAHASSEE, FL 32305	
			□Change
			DAdd
			□Remove
			□ Change
			□Add
		*	□Remove
			☐ C'hange
			🗆 Add
			□Remove
			GChange
			DAdd
			□Remove
			□ Change
	and the state of t		□ ∧dd
			□Remove
			☐ Change

	From Ercense exam	Services LLC 1.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22 07:55:46 2022 MDT Pag (((H22000248	
D. If am	ending any oth info	rmation, enter chang	e(s) here: (Attach ada	litional sheets, if necessary.)	
		······································			
		······································	·····		

		<u>,</u>		· · · · · · · · · · · · · · · · · · ·	
					
					
					
		······································			
(If an c Note		n the date of filing: te must be specific and cannot his block does not meet t	he applicable statutory f	(optional) or more than 90 days after filing.) Pu filing requirements, this date wil	
If the record is t		fective date, but not an el	Tective time, at 12:01 a.	m, on the earlier of: (b) The 90	oth day after the
Dated	JULY 22	20 Signaure of memb	er or authorized representa	tive of a member	***************************************
	WILLIAM ROBI	ERT WEST , III			

Filing Fee: \$25.00

Typed or printed name of signee