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2022 NOV -7 AHII: 26 SECRETANN OF STAT

COVER LETTER

TO: Registration Se Division of Cor				
AQUOTEIN	N LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The section of the section of	Amendment and fee(s) are sub-	mittad for Glina		
Please return an correspo	ndence concerning this matter	to the following.		
		Name of Person		
	SOFTBOOKS INC			
		Firm/Company		
	5373 N NOB HILL RD		S	20
		Address		22 75
	SUNRISE, FL 33351			2022 NOV -7 AH II: 2
		City/State and Zip Code		
	INFO@SOFTBOOKSINC.		$m_{\rm th}^{\rm co}$	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti	heation)	
ALTAF SATTAR		954 874-6230		
	f Person	at ()	e Telephone Number	
Enclosed is a check for t	he 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 Certificate of Certified Co (additional cop	of Status & opy
Mailing Addre		<u>Street Address:</u> Registration Se	ection	
Registration Division of C		Registration Se Division of Cor		
P.O. Box 633	27	The Centre of 3	Fallahassee be Street, Suite 810	1
Tallahassee,	じし フムブレサ	2413 IN. IVIUITU	a puece, sunc o re	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AQUOTEIN LLC		
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Cor	y appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were filed	I on <u>08/24/2022</u>	and assigned
Florida document number L22000373772		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	oany here:	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "L1.C" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDRESS)		
		2022
Enter new mailing address, if applicable:		8 11
(Mailing address MAY BE A POST OFFICE BOX)		dirita taus
	70	7 :
	min Mac	
B. If amending the registered agent and/or registered office address o		e of the new registered
agent and/or the new registered office address here:	' m	95
Name of New Registered Agent:		
New Registered Office Address:		
· ·	Enter Florida street address	
	, Florida	Zin Code
City		710 COGP

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				
AMBR	VICTORIN CHARLES	14832 SW 18TH ST	□ Add				
		MIRAMAR, FL 33027	≡Remove				
			□ Change				
AMBR	RYAN PARRISH	4611 N FEDERALY HWY APT 207	= Add				
		POMPANO BEACH, FL 33064	□Remove				
			SECOND NOV				
AMBR	BRIJENDERA SINGH	14 NORMANY PKWY	NOV NOVEL AND A STATE AND A ST				
		MORRISTOWN, NJ 07960	CO Remove				
			TO TO TO THE PARTY OF THE PARTY				
			□ Add				
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