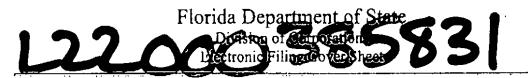
Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASSURED ACCOUNTING AND TAX SERVICES

Account Number : I20180000048 Phone ; (954)793-0353 : (954)944-3163 Fax Number

Estimated Charge

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

ACQUAPLA NETBEACH WEAR

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACQUA PLANET BEACHWARE, LLC. Certificate of Status 0 0 Certified Copy 04 Page Count \$25.00

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Help

TO * ARTICLES OF AMENDMENT TO * ARTICLES OF ORGANIZATION OF

(((H2ZD003126513)))

ACQUA PLANET BEACHY	·			
(Name of the Limited L	iy as It now appears on our records.) lability Company)			
The Articles of Organization for this Limited Liability Company of Florida document number <u>L22000385831</u> .	were filed on <u>09-01-2022</u>	a	nd assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
ACQUA PLANET BEACHWEAR, LLC.				
The new name must be distinguishable and contain the words "Limited Liabili	ly Company," the designation "LLC" or t	he abbroviat	ion "L.L	.C.**
Enter new principal offices address, if applicable:			_	
(Principal office address MUST BE A STREET ADDRESS)				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 a	ddress on our records, enter the	name of th	202ew	registered
agent and/or the new registered office address here:		ن د	ن ا	- .
Name of New Registered Agent:			9	<u> </u>
New Registered Office Address:	Emer Florida street address	— <u>(5)</u> 5)	: 5	
	, Florid:	a	<u> </u>	
·	City	Zip	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.

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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 = N $AMBR = A$	lanager Authorized Member		(((H220005120515)))
Title	<u>Name</u>	Address	Type of Action
		<u>-</u>	☐ Change
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Note:	ive date, if other than the date of filing: ective 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 ent's effective date on the Department of State's records.	/ (3)() the
record 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 led.	
Dated	Sep 9, 2022	
	Westelle	
	Magali Batista (Sep 9, 2022 14:14 EDT) Signature of a member or authorized representative of a member	